

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001451**

1. Entity Name

SANDHURST LIMITED PARTNERSHIP

Principal Place of Business

**845 TROPICAL CIRCLE
SARASOTA FL 34242**

Mailing Address

**845 TROPICAL CIRCLE
SARASOTA FL 34242**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

APPROVED
AND
FILED
02 MAR -4 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0546886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, RENNO L
1800 2ND STREET, SUITE 755
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,103,461.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LASCELLE, PHILIP M TRUSTEE
845 TROPICAL CIRCLE
SARASOTA FL 34242**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LASCELLE, SHIRLEY M-TRUSTEE
845 TROPICAL CIRCLE
SARASOTA FL 34242**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**LICHTENSTEIN, ALLAN M TRUSTEE
2501 S. TAMiami TRAIL
SARASOTA FL 34239**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

600005063646--7

-03/07/02--01031--014

******526.25--****526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED 11/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0015635
AT

CR2E003 (9/01)