

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012821 AF

DOCUMENT # A00000001133

1. Entity Name

SAND LAKE INVESTMENTS, LTD.

Principal Place of Business  
101 PARK PLACE BLVD., SUITE 1  
KISSIMMEE FL 34741

Mailing Address  
101 PARK PLACE BLVD., SUITE 1  
KISSIMMEE FL 34741

FILED

01 APR 18 PM 12:17

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 420669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
KISSIMMEE, FL

4. FEI Number

59-3658879

Applied For

Not Applicable

Zip

Country

Zip

Country

34742-0669

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HANNAH L  
101 PARK PLACE BLVD., SUITE 1  
KISSIMMEE FL 34741

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000008537  
NAME SMITH-BAKER ENTERPRISES, LLC  
STREET ADDRESS 101 PARK PLACE BLVD., SUITE 1  
CITY-ST-ZIP KISSIMMEE FL 34741

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MEMBER

Date

Daytime Phone #

4-16-01 407-933-1980

CR2E003 (11/00)