

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01117**

1. Entity Name

PARADISE BEACH DEVELOPMENTS, LTD.

FILED

02 FEB -4 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**320 SOUTH BUMBY
ORLANDO FL 32803**

Mailing Address

**320 SOUTH BUMBY
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-6234502

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NELSON, M. DEAN
240 LANDMARK CIR.
ORMOND BEACH FL 32114**

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.

\$380,000.00

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 **GUNTER, WILLIAM D., JR.**
STREET ADDRESS **3802 LEANNE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

DOCUMENT #
NAME **JACKSON, FRANCIS L.**
STREET ADDRESS **963 ORANGE AVE.**
CITY-ST-ZIP **WINTER PARK FL**

DOCUMENT #
NAME **NELSON, M. DEAN**
STREET ADDRESS **232 THIRD AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

DOCUMENT #
NAME **POORBAUGH, R.L.**
STREET ADDRESS **1801 WILEY POST TRAIL**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

DOCUMENT #
NAME **POORBAUGH, W.R.**
STREET ADDRESS **216 ROSCOMMON CT.**
CITY-ST-ZIP **ORLANDO FL 32828**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

General Partner

DEAN NELSON 2-1-02

386 152-0521

CR2E003 (9/01)