

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06010

1. Entity Name

SUGAR HILL, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 17 AM 11:26

*mf 3/22/00*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8900 U.S. HWY. 98 WEST  
PENSACOLA FL 32516

Mailing Address

P. O. BOX 3256  
PENSACOLA FL 32516-3256

2. Principal Place of Business

516 Lakeview Road

3. Mailing Address

516 Lakeview Road

Suite, Apt. #, etc.

Villa 8

Suite, Apt. #, etc.

Villa 8

City & State

Clearwater, Florida

City & State

Clearwater, Florida

4. FEI Number

59-1906855

Applied For

Not Applicable

Zip

33756

Country

US

Zip

33756

Country

US

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

6. Name and Address of Current Registered Agent

BLANTON, JOLYNE R.

8900 U.S. 98 WEST

PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

Thomas F. Flynn

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

516 Lakeview Road

Villa 8

City

Clearwater

FL

Zip Code

33756

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/6/00*

9. Capital Contributions as Shown on record.

\$135,100.00

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 # 237213  
NAME ESCAMBIA CONST CO., INC.  
STREET ADDRESS 8900 U.S. 98 WEST  
CITY - ST - ZIP PENSACOLA FL

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

000003189120--3  
-03/29/00--01077--022  
\*\*\*\*\$35.00 \*\*\*\*\$35.00

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

Michael Blanton  
as President

2/29/00

Date

Daytime Phone #

CR2F003 (9/99)