

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A07020

1. Entity Name

THE BEACHES HAMLET, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:34



DO NOT WRITE IN THIS SPACE

Principal Place of Business

320 ARLINGTON ROAD NORTH  
JACKSONVILLE FL 32211

Mailing Address

320 ARLINGTON ROAD NORTH  
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

1600 Shetter Ave

1600 Shetter Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

59-1947463

Applied For

Not Applicable

Zip

32250

Country

Duval

Zip

32250

Country

Duval

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

KNEE, RONALD

320 ARLINGTON ROAD NORTH  
JACKSONVILLE FL 32211

Name

J.R. Wear

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

1600 Shetter Ave

City

Jacksonville Beach

FL

Zip Code

32250

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

J.R. Wear

*[Signature]*

9/27/00

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.

\$632,175.00

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

HOLT, EDWARD  
1093 W. 6TH ST.  
JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

COOPER, ARLENE M  
1600 SHETTER AVENUE  
JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

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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]* REINSTATING Trustee 9/27/00 (941) 721-7215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

CR2E003 (5/00)