

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09517**

1. Entity Name

**THE ISLANDER GROUP, LIMITED**

Principal Place of Business

**502 GULFSHORE DR (BOX 1237)  
DESTIN FL 32541**

Mailing Address

**502 GULFSHORE DR (BOX 1237)  
DESTIN FL 32541-3083**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2120217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LACHAPELLE, JEROME H.  
4116 BURNING TREE DRIVE  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**H. Bart Fleet**

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

**1201 Eglin Pkwy.**

City

**Shalimar**

**FL**

Zip Code

**32579**

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]*, **H. Bart Fleet**

**April 27, 2000**

(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.

**\$300,000.00**

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  
STREET ADDRESS  
CITY - ST - ZIP  
**LACHAPELLE, JEROME H.  
4116 BURNING TREE DRIVE  
DESTIN FL 32541**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

**Robert J. LaChapelle, as Personal**

SIGNATURE:

**Representative of The Estate of Jerome H. LaChapelle**

**(770)522-4950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*[Signature]*  
**Robert J. LaChapelle**

**4/28/00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY - 1 AM 10: 33



DO NOT WRITE IN THIS SPACE

11 (9/9) 000 1212