

2000 UNIFORM BUSINESS REPORT (UBR)

0012380 1/1

DOCUMENT # A11512

1. Entity Name
SAND DUNES APARTMENTS, LTD.

Principal Place of Business 1002 W. 23RD ST..USUITE 400 CALLER BOX 17 PANAMA CITY FL 32405	Mailing Address 1002 W. 23RD ST..USUITE 400 CALLER BOX 17 PANAMA CITY FL 32405-3648
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-2140407	Applied For Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

HENRY, ROBERT F., III
1002 W. 23RD ST.
SUITE 400
PANAMA CITY FL 32405

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,098,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	598978 ROYAL AMER. DEV., INC. 1002 W. 23RD ST., #400 PANAMA CITY FL	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	CHAPMAN, JOSEPH F., III 1002 W. 23RD ST., #400 PANAMA CITY FL	STREET ADDRESS CITY - ST - ZIP	
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437.50
88.75
8.75
535.00

FILED
00 MAY -1 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400003281954-8
05/08/00-01073-001
44346.07 **535.00

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] **NOT REQUIRED** [Signature] **Asst Sec 2/28/00** 850/769-8981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #