

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14058

1. Entity Name
SAIL COVE INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29

Principal Place of Business
18701 N.E. THIRD CT
NORTH MIAMI BEACH FL 33179

Mailing Address
18701 N.E. THIRD CT
NORTH MIAMI BEACH FL 33179-1400



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-2872769

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

HUTTO, BENJAMIN F.
1003 S.E. 17TH STREET, SUITE 200
FT. LAUDERDALE FL 33316

4325 Rock Island Rd
Lauderh. 11 FL 33319

Name HUTTO BENJAMIN F
Street Address (P.O. Box Number is Not Acceptable)
4325 Rock Island Road
Lauderhille
City LAUDERHILLE FL Zip Code 33319

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

3/1/00

9. Capital Contributions as Shown on record. \$1,425,600.00

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 # 092340000132
NAME STERLING FINANCIAL
STREET ADDRESS 1017 E. STREET #D
CITY - ST - ZIP SAURAFEL CA 94901

13. ADDRESS CHANGES ONLY
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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 670, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

[Signature] Donald Kamler 1/14/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR21:003 (9/98)