

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14058

1. Entity Name

Sail Cove Investors, Ltd.
18701 N.E. Third Ct.
N. Miami Beach, FL 33179

FILED

01 JUN 13 AM 10:03

Principal Place of Business

Mailing Address

as above

4325 Rock Island Road
Lauderhill, FL 33319

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

18701 N.E. Third Ct.

3. Mailing Address

4325 Rock Island Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach, FL

City & State

Lauderhill, FL

4. FEI Number

942872769

Applied For

Not Applicable

Zip

33179

Country

Dade

Zip

33319

Country

Broward

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Benjamin F. Hutto
4325 Rock Island Road
Lauderhill, FL 33319

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Reg/Doc#G9234-6000132 ☐ Delete
STREET ADDRESS Sterling Financial
CITY-ST-ZIP 4325 Rock Island Road
Lauderhill, FL 33319

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100004433361--4
CITY-ST-ZIP -06/21/01--01004--005
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Benjamin F. Hutto, Registered Agent

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/13/01

Date

954-739-2000

Daytime Phone #

CR2E083 (11/00)