

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15394

1. Entity Name

SUMMER BEACH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

4700 AMELIA ISLAND PARKWAY
AMELIA ISLAND FL 32034

Mailing Address

4700 AMELIA ISLAND PARKWAY
AMELIA ISLAND FL 32034-5501

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

59-2314526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WINSTON, JAMES H.
LPMC 645 RIVERSIDE AVENUE
619 PENINSULAR PLAZA
JACKSONVILLE FL 32204

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

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.

\$7,752,500.00

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 # G54469
NAME FM AMELIA, INC.
STREET ADDRESS 250 KING OF PRUSSIA ROAD
CITY - ST - ZIP RADNOR PA

DOCUMENT #
NAME MCRAE AMELIA
STREET ADDRESS 1725 MEMORIAL PARK DRIVE
CITY - ST - ZIP JACKSONVILLE FL

DOCUMENT #
NAME SCOTT AMELIA
STREET ADDRESS 1725 MEMORIAL PARK DRIVE
CITY - ST - ZIP JACKSONVILLE FL

DOCUMENT #
NAME STOKES, E. CHESTER
STREET ADDRESS 9551 BAYMEADOWS ROAD #4
CITY - ST - ZIP JACKSONVILLE FL

DOCUMENT #
NAME WINSTON, CHARLES
STREET ADDRESS 2209 CENTURY DRIVE
CITY - ST - ZIP RALEIGH NC

DOCUMENT #
NAME WINSTON, JAMES H.
STREET ADDRESS 645 RIVERSIDE AVENUE
CITY - ST - ZIP JACKSONVILLE FL

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

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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 REQUIRED General Partner

4/28/00

(904) 358-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

JAMES H. WINSTON

CR2 003 15/99