

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15394**

1. Entity Name

SUMMER BEACH, LTD.

FILED

01 MAY -4 PM 12:18

Principal Place of Business

**4700 AMELIA ISLAND PARKWAY
AMELIA ISLAND FL 32034**

Mailing Address

**4700 AMELIA ISLAND PARKWAY
AMELIA ISLAND FL 32034**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2314526

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

7. Name and Address of New Registered Agent

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

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **WINSTON, JAMES H.**
NAME **645 RIVERSIDE AVENUE**
STREET ADDRESS **JACKSONVILLE FL**
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

SIGNATURE:

Arthur W. McAllister, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/27/01

610-964-7051