

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20409**

1. Entity Name

SOUTH SEAS PROPERTIES COMPANY LIMITED PARTNERSHIP

Principal Place of Business

**12800 UNIVERSITY DRIVE, STE. 260
FT. MYERS FL 33907**

Mailing Address

**12800 UNIVERSITY DRIVE, STE. 260
FT. MYERS FL 33907**

2. Principal Place of Business

**13451 McGregor Blvd
Suite 27**

3. Mailing Address

8961 Conference Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State
Ft. Myers, FL**

**City & State
Ft. Myers, FL**

**Zip
33919**

Country

**Zip
33919**

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2541464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**T & T RESORTS, L.C.
12800 UNIVERSITY DRIVE, STE. 260
ATTN: RICK KRICHBAUM
FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

**Name
Robert M. Taylor
Street Address (P.O. Box Number is Not Acceptable)
13451 McGregor Blvd
Suite 27
City
Ft. Myers FL Zip Code
33919**

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.

DATE

9. Capital Contributions
as Shown on record.

\$11,703,250.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 # L96000000209
NAME T & T RESORTS, L.C.
STREET ADDRESS 12800 UNIVERSITY DRIVE, STE. 260
CITY-ST-ZIP FT. MYERS FL 33907**

13. ADDRESS CHANGES ONLY

**STREET ADDRESS 13451 McGregor Blvd Suite 27
CITY-ST-ZIP Ft. Myers, FL 33919**

**DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP**

**STREET ADDRESS
CITY-ST-ZIP**

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

APPROVE:
AND
FILED

02 APR -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0014605 AT

CR2E003 (9/01)

STAPLE CHECK HERE