

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A22757  
**Entity Name**  
 SFG PROPERTIES, LTD.

**Principal Place of Business**  
 P.O. BOX 985  
 LAKE PLACID FL 33852

**Mailing Address**  
 P.O. BOX 985  
 LAKE PLACID FL 33862-0985

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 APR 13 AM 11:43



|                                    |         |                           |         |
|------------------------------------|---------|---------------------------|---------|
| <b>Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                |         | Suite, Apt. #, etc.       |         |
| City & State                       |         | City & State              |         |
| Zip                                | Country | Zip                       | Country |

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-2584076 **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

GRIGSBY, RONALD P.  
 4101 S.R. 70 EAST  
 LAKE PLACID FL 33852

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions** as Shown on record. **\$2,475,490.00**

**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 #                      | NAME                | STREET ADDRESS           |  |
| NAME                            | GRIGSBY, SAMUEL F.  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 1070 ST. IVES CT.   |                          |  |
| CITY - ST - ZIP                 | MORRISTOWN TN 37814 |                          |  |
| DOCUMENT #                      | NAME                | STREET ADDRESS           |  |
| NAME                            |                     | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY - ST - ZIP                 |                     |                          |  |
| DOCUMENT #                      | NAME                | STREET ADDRESS           |  |
| NAME                            |                     | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY - ST - ZIP                 |                     |                          |  |
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| NAME                            |                     | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY - ST - ZIP                 |                     |                          |  |
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| CITY - ST - ZIP                 |                     |                          |  |
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| NAME                            |                     | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                     |                          |  |
| CITY - ST - ZIP                 |                     |                          |  |

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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 620, Florida Statutes

**SIGNATURE:** *Ronald P. Grigsby* **3-9-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)