

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006505 AT

DOCUMENT # **A23235**

1. Entity Name

**SUMMER BEACH AMENITIES VENTURE, LTD.**

FILED

02 MAY -2 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-2717799**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$471.84**

10. Arr  
in F

**A GENERAL PARTNER THAT IS A BU  
NOTE: General Partners MAY NOT be ch**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**ED AND ACTIVE WITH THIS OFFICE.  
Must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **G99084900204**  
NAME **PARC GROUP COMMUNITIES**  
STREET ADDRESS **7903 VINEYARD LAKE RD, N**  
CITY-ST-ZIP **JACKSONVILLE FL**

DOCUMENT # **G59454**  
NAME **WHITE OAK LAND CORP.**  
STREET ADDRESS **645 RIVERSIDE AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

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**-05/16/02--01046--006**  
**\*\*\*\*141.25 \*\*\*\*141.25**

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

**James H. Winston**

**4/26/02**

**(904) 358-7269**

Date

Daytime Phone #

CR2E003 (9/01)