

2000 UNIFORM BUSINESS REPORT (UBR)

000371 AF

DOCUMENT # A93000000161

1. Entity Name

SANTRUST, LTD.

FILED

00 MAR 24 PM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~3210 DADE AVE.~~
ORLANDO FL 32804

Mailing Address

~~3210 DADE AVE.~~
ORLANDO FL 32804-4018

2. Principal Place of Business

738 Rugby Street

3. Mailing Address

738 Rugby Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number 59-3169219

Applied For
Not Applicable

Zip
32804

Country
Orange

Zip
32804

Country
Orange

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

W. M. SANDERLIN & ASSOCIATES, INC.
3210 DADE AVE.
ORLANDO FL 32804

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.

\$38,000.00

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 # K57211
NAME W. M. SANDERLIN & ASSOCIATES, INC.
STREET ADDRESS 3210 DADE AVE.
CITY - ST - ZIP ORLANDO FL 32804

STREET ADDRESS

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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:

W. M. Sanderlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)