

2002 UNIFORM BUSINESS REPORT (UBR)

0000266 AT

DOCUMENT # A93000000161

1. Entity Name

SANTRUST, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -4 AM 10:09

WL 3/7



Principal Place of Business

738 RUGBY STREET
ORLANDO FL 32804

Mailing Address

738 RUGBY STREET
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
US

Zip

Country
Orange

DUE BY MAY 1, 2002

4. FEI Number 59-3169219

Applied For
Not Applicable

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.

3218 DADE AVE

ORLANDO FL 32804

Name
W. M. Sanderlin & Assoc., Inc.

Street Address (P.O. Box Number is Not Acceptable)

738 Rugby Street

City
Orlando

FL

Zip Code
32804

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

\$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 738 RUGBY STREET
CITY-ST-ZIP ORLANDO FL 32804

STREET ADDRESS

CITY-ST-ZIP

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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

Craig F. Rodnier

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

407-540-1500

CR2E003 (9/01)