

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000851**

1. Entity Name

**SOUTH SEAS RESORTS COMPANY LIMITED PARTNERSHIP**

FILED

02 MAR 22 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

12800 UNIVERSITY DR.  
SUITE 260  
FT. MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR.  
SUITE 260  
FT. MYERS FL 33907

2. Principal Place of Business

13451 McGregor Blvd

3. Mailing Address

8961 Conference Drive

Suite, Apt. #, etc.

Suite 27

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0496183

Applied For

Not Applicable

Zip

33919

Country

Zip

33919

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, ROBERT M  
12800 UNIVERSITY DR.  
SUITE 260  
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

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.

*Robert M. Taylor*

Agent

3/18/02

DATE

9. Capital Contributions as Shown on record.

\$990.00

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

DOCUMENT # L94000000285  
NAME S.S. RESORT MANAGEMENT, L.C.  
STREET ADDRESS 12800 UNIVERSITY DR., 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

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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:

*Robert M. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Agent

3/18/02 941-454-1117

Date

Daytime Phone #

CR2E003 (9/01)