

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000249**

1. Entity Name

SANS SOUCI PARTNERSHIP, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
825 CYPRESS ST
TARPON SPRINGS FL 34689

Mailing Address
825 CYPRESS ST
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3298294

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMOS, MARK
2120 LAGOON DR
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

AMOS, MARK

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

921 BROOKVIEW LANE

City

ROCKLEDGE

FL

Zip Code
32955

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.

\$250,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
AMOS, MARK
2120 LAGOON DRIVE
DUNEDIN FL 34698

STREET ADDRESS
CITY-ST-ZIP
921 BROOKVIEW LANE
ROCKLEDGE, FL 32955

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CITY-ST-ZIP

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NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Mark Amos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/25/00

Date

727-942-1772

Daytime Phone #

CP2E003 (5/00)