

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009363 AT

DOCUMENT # **A95000000338**

1. Entity Name
PARADISE INN, LTD.



FILED

MJH

03 MAR 18 AM 9:13

Principal Place of Business
**819 SIMONTON STREET
KEY WEST FL 33040**

Mailing Address
**819 SIMONTON STREET
KEY WEST FL 33040**

TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address
121 U.S. HIGHWAY ONE

Suite, Apt. #, etc.
SUITE 103

DUE BY MAY 1, 2003

City & State
KEY WEST, FLORIDA

4. FEI Number **65-0572768**

Applied For
Not Applicable

Zip Country
33040 USA

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

**SEGEL, SHELDON
819 SIMONTON STREET
KEY WEST FL 33040**

Name
WILLIAM O. KEMP
Street Address (P.O. Box Number is Not Acceptable)
**121 U.S. HIGHWAY ONE,
SUITE 103
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William Kemp*
Signature, typed or printed name of registered agent and title if applicable.

DATE
3/11/03

9. Capital Contributions as Shown on record. **\$1,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P93000074893**
NAME **SEPENT, INC.**
STREET ADDRESS **819 SIMONTON STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

STREET ADDRESS **121 U.S. HIGHWAY ONE, SUITE 103**
CITY-ST-ZIP **KEY WEST, FLORIDA 33040**

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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

SIGNATURE:

William Kemp
WILLIAM O. KEMP, GENERAL PARTNER 3/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)