

# 2000 UNIFORM BUSINESS REPORT

**A95000000842** **9/29/00** **1795000000842**

DOCUMENT # A95000000842

1. Entity Name

SUNSHINE ISLAND INN, LTD.

*Reinstatement Doc*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 18 AM 9:50

Principal Place of Business  
642 EAST GULF DRIVE  
SANIBEL ISLAND FL 33957

Mailing Address  
642 EAST GULF DRIVE  
SANIBEL ISLAND FL 33957-7102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0598004

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CARLSON, PETER  
1876 ARDSLEY WAY  
SANIBEL FL 33957

Name

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

400004438124--8

06/22/01--01100--012

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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)

400004438124--8

06/22/01--01100--011

9. Capital Contributions as Shown on record. \$90,000.00

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 # P95000042404  
NAME SUNSHINE ISLAND INN, INC.  
STREET ADDRESS 1876 ARDSLEY WAY  
CITY-ST-ZIP SANIBEL ISLAND FL 33957

STREET ADDRESS

CITY-ST-ZIP

Penalty \$1000.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF-00 437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FF-01 437.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Sup fees 177.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Chgs 8.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2061.25

up

**REINSTATEMENT 2000-01**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

Daytime Phone #

CR2E003 (9/99)