

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000842**

1. Entity Name

SUNSHINE ISLAND INN, LTD.

Principal Place of Business

**642 EAST GULF DRIVE
SANIBEL ISLAND FL 33957**

Mailing Address

**642 EAST GULF DRIVE
SANIBEL ISLAND FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0598004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARLSON, PETER
1876 ARDSLEY WAY
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name **BARBARA CARLSON**

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

1876 ARDSLEY Way

City **Sanibel**

FL

Zip Code

33957

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

Barbara Carlson

Signature, typed or printed name of registered agent and title if applicable.

4/30/02

DATE

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

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

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300005558589--8
-05/20/02--01010--007
***526.25 ***526.25**

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:

Barbara Carlson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02 **239** **9885789**

Date

Daytime Phone #

CR2E003 (9/01)

01/14/04 11



FILED

02 MAY -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA