

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015094 AT

DOCUMENT # **A95000000842**

1. Entity Name  
**SUNSHINE ISLAND INN, LTD.**



**FILED**  
**03 MAY -2 PM 6:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**MJH**

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.

**DUE BY MAY 1, 2003**

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, BARBARA**  
**1876 ARDSLEY WAY**  
**SANIBEL FL 33957**

Name

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

STREET ADDRESS  
CITY-ST-ZIP

**400017921064**  
**05/02/03--01125--025 \*\*526.25**

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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 J. Carlson* **WIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/28/03** **239**  
**395-2500**  
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE