

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000685**

1. Entity Name

SWEETWATER VILLAGE PHASE III, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 14 AM 10:02

Principal Place of Business 405-F ATLANTIS ROAD CAPE CANAVERAL FL 32920	Mailing Address P.O. BOX 928 CAPE CANAVERAL FL 32920
---	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3371078	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D ESQ
1205 MANATEE AVE. W
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000.00	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	P94000054073 SAXON GROUP, INC. 405-F ATLANTIS ROAD CAPE CANAVERAL FL 32920	STREET ADDRESS CITY-ST-ZIP	8000003398768--8 -09/20/00--01012--015 *****541.50 *****541.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000104407 WECKWERT INC 115 LAKE EAGLE DRIVE THOMASVILLE GA 31799	STREET ADDRESS CITY-ST-ZIP	<i>Weckwert, Inc. has withdrawn from the partnership. Amendment to Certificate of LP has been filed w/ the State.</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)