

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001145

1. Entity Name

THE GRANDVIEW ALL-SUITE RESORT, LTD.

Principal Place of Business

6640 ESTERO BLVD.
FORT MYERS BEACH FL 33931

Mailing Address

6640 ESTERO BLVD.
FORT MYERS BEACH FL 33931-4512

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Sunstream, Inc.

Suite, Apt. #, etc.

6620 Estero Blvd.

City & State

Fort Myers Beach, FL

Zip

33931

Country

US

4. FEI Number

65-0682411

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNSTREAM, INC.

6640 ESTERO BLVD.

FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

Monsrud, Mary A

Street Address Box Number is Not Acceptable

Sunstream, Inc.

6620 Estero Boulevard

City

Ft Myers Beach

FL

Zip Code

33931

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

Mary Anne Monsrud

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 # J10116
NAME SUNSTREAM, INC.
STREET ADDRESS 6640 ESTERO BLVD.
CITY - ST - ZIP FORT MYERS BEACH FL 33931

DOCUMENT #
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CITY - ST - ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

800003217368--6

CITY - ST - ZIP

04/21/00 01003-011

****526.25 ****526.25

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

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

David A. Lawrence

3-8-2000

941 765-4111

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 10 PM 5:57



DO NOT WRITE IN THIS SPACE