

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002262**

1. Entity Name

THE TIDES MEMTOPS'L, LTD.

Principal Place of Business

**35000 EMERALD COAST PKWY.
DESTIN FL 32541**

Mailing Address

**35000 EMERALD COAST PKWY.
DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 15 PM 2:29



DUE BY MAY 1, 2002

4. FEI Number

65-2165863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABBOTT, WILLIAM W JR.
506 HIGHWAY 98 EAST
DESTIN FL 32541**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$250,000.00

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 # **P96000070477**
NAME **MENTIDE PARTNERS, INC.**
STREET ADDRESS **506 HIGHWAY 98 EAST**
CITY-ST-ZIP **DESTIN FL 32541**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300004785373--1

01/22/02 01009-002

*****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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-02

Date

850-654-4437

Daytime Phone #

CR2E003 (9/01)