

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001772**

1. Entity Name
SAND LAKE OF TAMPA, LTD.

Principal Place of Business
**5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813**

Mailing Address
**5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813-2562**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3466880**

Applied For

Not Applicable

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

**BOCHIS, GEORGE J ESQ.
5015 SOUTH FLORIDA AVE., SUITE 200
LAKELAND FL 33813**

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 # **P29845**
NAME **A & M BUSINESS PROPERTIES, INC.**
STREET ADDRESS **5015 SOUTH FLORIDA AVE., SUITE 200**
CITY - ST - ZIP **LAKELAND FL 33813**

STREET ADDRESS

CITY - ST - ZIP

000003284270--0
-06/12/00--01019--009
******150.00 ****150.00**

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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:

SIGNATURE REQUIRED

5/1/2000

863-647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Lawrence J. Moran II

FILED 1001 10/00



DO NOT WRITE IN THIS SPACE