

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002145**

1. Entity Name

S & S VENTURES OF NORTHWEST FLORIDA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



Principal Place of Business

Mailing Address

600 SOUTH BARRACKS STREET, STE. #220
PENSACOLA FL 32501

600 SOUTH BARRACKS STREET, STE. #220
PENSACOLA FL 32501-6072

2. Principal Place of Business

3. Mailing Address

2550 OAK POINTE DR
Suite, Apt. #, etc.

2550 OAK POINTE DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3474341

Applied For

Not Applicable

Zip **32505**

Country

USA

Zip

32505

Country

USA

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

SWAINE, RONALD E

**600 SOUTH BARRACKS ST., STE. 220
PENSACOLA FL 32501**

Name

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

2550 OAK POINTE DR

City

PENSACOLA

FL

Zip Code

32505

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

9. Capital Contributions
as Shown on record.

\$50.00

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 # **P97000083885**
NAME **RES OF NORTHWEST FLORIDA, INC.**
STREET ADDRESS **600 SOUTH BARRACKS ST., STE. 220CKS ST**
CITY - ST - ZIP **PENSACOLA FL 32501**

STREET ADDRESS **2550 OAK POINTE DR.**
CITY - ST - ZIP **PENSACOLA, FL 32505**

DOCUMENT #
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

5-1-00

Daytime Phone #

(850) 484-9999

CR 1001 (9/99)