

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002165**

1. Entity Name  
**SAND LAKE CORNERS LIMITED PARTNERSHIP**



**FILED**  
03 APR 29 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

Principal Place of Business  
**2030 HAMILTON PLACE BLVD., STE. 500  
CHATTANOOGA TN 37421-6000**

Mailing Address  
**2030 HAMILTON PLACE BLVD., STE. 500  
CHATTANOOGA TN 37421-6000**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **62-1715996**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions  
as Shown on record. **\$990.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$990.00**

11. **MAKE CHECK PAYABLE TO FL. 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 # **L97000001111**  
NAME **SAND LAKE CORNERS, LC**  
STREET ADDRESS **2030 HAMILTON PLACE BLVD., STE. 500**  
CITY-ST-ZIP **CHATTANOOGA TN 37421-6000**

STREET ADDRESS

CITY-ST-ZIP

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**800017233968  
04/29/03--01023--016 \*\*141.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(b), 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: \_\_\_\_\_

**Gus STEPHENS**  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03

Date

Daytime Phone: #

CR2E003 (10/02)