

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007048

DOCUMENT # A97000002368

1. Entity Name

99 EGLIN, LTD.

**FILED**  
**Apr 15, 2002 8:00 A.M.**  
**Secretary of State**

Principal Place of Business

4652 GULF STARR DR  
DESTIN FL 32541

Mailing Address

~~4652 GULF STARR DR~~  
~~DESTIN FL 32541~~

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 1735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DESTIN FL

Zip

Country

Zip  
32540

Country  
USA

4. FEI Number

59-3479047

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

ODOM, JAY  
4652 GULF STARR DR  
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.

\$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

DOCUMENT # M77260  
NAME WATER'S EDGE BUILDING COMPANY  
STREET ADDRESS 4652 GULF STARR DRIVE  
CITY-ST-ZIP DESTIN FL 32541

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/02

850-654-4126

Date

Daytime Phone #

CR2E003 (9/01)