

# 2000 UNIFORM BUSINESS REPORT (UBR)

0021011

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0021011 (9/99)

DOCUMENT # **A98000000044**

1. Entity Name

**DEVELOPERS AT SUNRISE, LTD.**

FILED

00 APR -5 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1000 RIDGEWAY LOOP ROAD, SUITE 320  
MEMPHIS TN 38120

Mailing Address  
1000 RIDGEWAY LOOP ROAD, SUITE 320  
MEMPHIS TN 38120

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **62-1725311**  
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

**KAMM, ROBERT  
% SANDESTIN BEACH HILTON  
4000 SANDESTIN BLVD., SOUTH  
DESTIN FL 32541**

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 # **P97000108183**  
NAME **MANAGERS AT SUNRISE, INC.**  
STREET ADDRESS **1000 RIDGEWAY LOOP ROAD, SUITE 230**  
CITY-ST-ZIP **MEMPHIS TN 38120**

STREET ADDRESS  
CITY-ST-ZIP **400003217114--8**  
**04/21/00 01001-009**  
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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 Robert T. Kamm** 3/28/00 901-681-9184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #