

2001 UNIFORM BUSINESS REPORT (UBR)

0009912 AF

DOCUMENT # A98000000419

1. Entity Name
MERIDIAN ON SAND KEY, LTD.

FILED
01 MAR -5 AM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address

**2201 4TH STREET N., SUITE 200
ST PETERSBURG FL 33704** **2201 4TH STREET N., SUITE 200
ST PETERSBURG FL 33704**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 **65-0811092** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHEEZEM, J. MICHAEL
2201 4TH STREET N., SUITE 200
ST PETERSBURG FL 33704**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$6,656,500.00**

10. Amount of Capital Contributions in FLORIDA to date. **6,656,500.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP | P97000052132 JMC COMMUNITIES OF CLEARWATER, INC. 2201 4TH STREET N., SUITE 200 ST PETERSBURG FL 33704 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 200003803152--0 -03/06/01--0115--005 ****526.25 ****526.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
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| 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:  **JAMES BAAS** Date: **2/22/01** Daytime Phone # _____

CP2E003 (11/00)