

2000 UNIFORM BUSINESS REPORT (UBR)

1999

9903003

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DOCUMENT # A98000000625

1. Entity Name

SAWGRASS JOINT VENTURE LIMITED PARTNERSHIP

Principal Place of Business **Mailing Address**

1389 NW 136 AVE. 1389 NW 136 AVE.
SUNRISE FL 33323 SUNRISE FL 33323-2800

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

FILED *W4/21*

00 APR 13 AM 8:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132203 **APPLIED FOR** ☐ 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**

CARTER, DON
1389 NW 136 AVE.
SUNRISE FL 33323

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. \$400.00 **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 #	CARTER, DON	STREET ADDRESS	
NAME	9895 SW 96 ST.	CITY - ST - ZIP	
STREET ADDRESS	MIAMI FL 33176		
CITY - ST - ZIP			
DOCUMENT #	ISAN, JERRY	STREET ADDRESS	
NAME	2420 NE 27 ST.	CITY - ST - ZIP	
STREET ADDRESS	LIGHTHOUSE POINT FL 33064		
CITY - ST - ZIP			
DOCUMENT #	POWELL, JOHN JR	STREET ADDRESS	
NAME	36750 US HWY. 19	CITY - ST - ZIP	
STREET ADDRESS	TARPON SPRINGS FL 34689		
CITY - ST - ZIP			
DOCUMENT #	ROSE, BURT	STREET ADDRESS	
NAME	7025 WEST WIND	CITY - ST - ZIP	
STREET ADDRESS	SYLVANIA OH 43560		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: X *Stanley D. B...* **REQUIRED** *Terry Ben X* *4/11/00* *(954) 846-8400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #