

# 2002 UNIFORM BUSINESS REPORT (UBR)

0005502 AT

DOCUMENT # **A98000001553**

1. Entity Name

**SUMMER BEACH DEVELOPMENT GROUP, LTD.**

FILED

02 MAY -2 PM 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**5456 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32034**

Mailing Address

**5456 FIRST COAST HIGHWAY  
AMELIA ISLAND FL 32034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3523207**

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

~~WINSTON, JAMES~~

~~645 RIVERSIDE AVENUE, SUITE 619~~

~~JACKSONVILLE FL 32204~~

Name

**James U. Sands**

Street Address (P.O. Box Number is Not Acceptable)

**5456 First Coast Hwy.**

City

**Amelia Island**

**FL**

Zip Code

**32034**

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

*James U. Sands*

**James U. Sands**

**4/29/02**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$9,900.00**

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 # **P98000056904**  
NAME **SUMMER BEACH DEVELOPMENT GROUP, INC.**  
STREET ADDRESS **645 RIVERSIDE AVENUE, SUITE 619**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 U. Sands*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**James U. Sands**

**4/29/02**

**(904) 261-0624**

Date

Daytime Phone #

CR2E003 (9/01)