

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001899**

1. Entity Name

SANDPIPER RIDGE ON OCEAN SHORE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
mf 3/22/00

00 MAR 13 PM 12:01



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**6465 BUCHANAN ST.
HOLLYWOOD FL 33024**

Mailing Address
**6465 BUCHANAN ST.
HOLLYWOOD FL 33024-7713**

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

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

City & State

City & State

Zip Country

Zip Country

4. FEI Number
74-2934957

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARCHETTI, KAREN
6465 BUCHANAN ST.
HOLLYWOOD FL 33024**

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 _____

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

9. Capital Contributions as Shown on record. **\$120,000.00**

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 # | F99000003654 |
| NAME | DREAMS CAN COME TRUE, INC. |
| STREET ADDRESS | 6465 BUCHANAN ST. |
| CITY - ST - ZIP | HOLLYWOOD FL 33024 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|-----------------|-----------------------------|
| STREET ADDRESS | 8756 FM 974 |
| CITY - ST - ZIP | BRYAN, TX 77808-6502 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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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: *[Signature]* **President, Dreams Can Come True, Inc., general** **3/7/2000**

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

CR2E003 (9/99)