

2001 UNIFORM BUSINESS REPORT (UBR)

0016766 AF

DOCUMENT # A99000002028

1. Entity Name

SOUTHERN LANDS, LTD.

Principal Place of Business

151 REGIONS WAY, SUITE 2-C
DESTIN FL 32541

Mailing Address

151 REGIONS WAY, SUITE 2-C
DESTIN FL 32541

FILED
MAR 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

651 Don Bishop Rd.
Suite, Apt. #, etc.

3. Mailing Address

651 Don Bishop Rd.
Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

4. FEI Number

59-3612603

Applied For

Not Applicable

Zip

32459

Country

USA

Zip

32459

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILKS, DIANE
151 REGIONS WAY, SUITE 2-C
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Wilks Diane

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

651 Don Bishop Rd.

City

Santa Rosa Beach

FL

Zip Code

32459

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

Diane Wilks

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

(NOTE: Registered Agent signature required when reinstating)

3/21/01

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

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 # P95000049695
NAME FOUNTAIN INVESTMENTS, INC.
STREET ADDRESS 151 REGIONS WAY, SUITE 2-C
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS 651 Don Bishop Rd.
CITY-ST-ZIP Santa Rosa Beach, FL 32459

DOCUMENT #
NAME
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:

Diane Wilks Diane Wilks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-21-01

Date

850-267-4949

Daytime Phone #

CR2E003 (11/00)