

2000 UNIFORM BUSINESS REPORT (UBR)

0001557 AF

DOCUMENT # **A99000002187**

1. Entity Name

SOUTHWINDS FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

Principal Place of Business

2205 N. SOUTHWINDS. APT. 307
VERO BEACH FL 32963

Mailing Address

2205 N. SOUTHWINDS. APT. 307
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

979 Beachland Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero beach FL

Zip

Country

Zip

Country

32963

4. FEI Number

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

7. Name and Address of New Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 # P99000110092
NAME ST. CLAIR OF VERO BEACH, INC.
STREET ADDRESS 2205 N. SOUTHWINDS, APT. 307
CITY-ST-ZIP VERO BEACH FL 32963

STREET ADDRESS 979 Beachland Blvd.
CITY-ST-ZIP Vero beach FL 32963

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 600003359856-0

DOCUMENT #
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STREET ADDRESS
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NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/16/00

CR2E003 (5/00)