

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019006 AB

DOCUMENT # B96000000444

1. Entity Name

SANDLER AT BROWARD, L.P.

FILED

02 APR 30 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH



Principal Place of Business

448 VIKING DRIVE, SUITE 220  
VIRGINIA BEACH VA 23452

Mailing Address

448 VIKING DRIVE, SUITE 220  
VIRGINIA BEACH VA 23452

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

54-1818010

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

DATE

9. Capital Contributions  
as Shown on record.

\$16,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006119  
NAME SANDLER AT BROWARD, INC.  
STREET ADDRESS 448 VIKING DRIVE, SUITE 220  
CITY-ST-ZIP VIRGINIA BEACH VA 23452

STREET ADDRESS

CITY-ST-ZIP

100005505191--5  
-05/13/02--01012--002  
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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Nashun D Benson

4/26/02

(754) 463-5000

CR2E003 (9/01)