

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019004 AB

**DOCUMENT # B98000000679**

1. Entity Name

**SANDLER WEST PALM BEACH INVESTMENT LIMITED PARTN  
ERSHIP**

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

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**FILED****02 JAN 28 PM 11:20****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****DUE BY MAY 1, 2002**

4. FEI Number

**54-1916190**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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

DATE

9. Capital Contributions

**\$49,000.00**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
F98000006591	SANDLER WEST PALM BEACH INVESTMENT, INC.	448 VIKING DRIVE, SUITE 220	VIRGINIA BEACH VA 23452

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400004850384--7  
-01/31/02--01039--004  
\*\*\*\*431.75 \*\*\*\*431.75**

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

**1-22-2002**

Date

**757-463-5000**

Daytime Phone #

CR2E003 (9/01)