

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90061 022 ***150.00

DOCUMENT # P96000052365

1. Entity Name
SH GENERAL PARTNER, INC.

Principal Place of Business
**4000 SANDESTIN BLVD. SOUTH
 DESTIN FL 32550**

Mailing Address
**4000 SANDESTIN BLVD. SOUTH
 4000 SAN DESTIN BLVD. S.
 DESTIN FL 32550
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3398819**

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

**LLOYD, BRENDA
 4000 SANDESTIN BLVD. SOUTH
 DESTIN FL 32541**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD O'NEAL, MIKE**
 STREET ADDRESS **2200 WOODHILL**
 CITY-ST-ZIP **EDMOND OK**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD LOWE, BURTON**
 STREET ADDRESS **1219 ROXMERE RD**
 CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD ADAMS, CHARLES**
 STREET ADDRESS **104 LIVERPOOL STREET**
 CITY-ST-ZIP **WILLIAMSBURG VA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MORRIS, WALTER**
 STREET ADDRESS **711 WALNUT ST**
 CITY-ST-ZIP **HELENA AR**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MATTHEWS, J.D.**
 STREET ADDRESS **130 WEKEFIELD LANE**
 CITY-ST-ZIP **ATHENS GA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP KAMM, ROBERT**
 STREET ADDRESS **4000 SANDESTIN BLVD. S.**
 CITY-ST-ZIP **DESTIN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Kamm* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 800-651-9850
Date Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)