

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19073**

1. Entity Name

**GREEN COVE SPRINGS, A LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



Principal Place of Business  
C/O ALLEN G. AARONSON  
3400 US HIGHWAY 17 NORTH  
GREEN COVE SPRINGS FL 32043

Mailing Address  
C/O ALLEN G. AARONSON  
3400 US HIGHWAY 17 NORTH  
GREEN COVE SPRINGS FL 32043-9366

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1523692**

Applied For  
Not Applicable

DO NOT WRITE IN THIS SPACE

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

**UNDERWOOD, HELEN M**  
~~% ST. JOHNS LANDING~~  
3400 HWY 17 N.  
GREEN COVE SPRINGS FL 32043

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.

**\$280,488.80**

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 # **P01237**  
NAME **AVRS INC.**  
STREET ADDRESS **146 CENTRAL PARK**  
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **G95335900015**  
NAME **ST. JOHNS PARTNERS**  
STREET ADDRESS **200 ASHFORD CTR. NORTH SUITE 210**  
CITY-ST-ZIP **ALANTA GA**

STREET ADDRESS

CITY-ST-ZIP

**200 Ashford Center N. #340**  
**Atlanta GA 30338**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800003268608--3**  
**05/26/00 01078-022**  
**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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: Richard S. Aaronson **RECEIVED** **Richard S. Aaronson** 4-12-00 770-379-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)