

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020284 SP

**DOCUMENT # A19073**

1. Entity Name

**GREEN COVE SPRINGS, A LIMITED PARTNERSHIP**

**FILED**

**01 MAY -2 PM 12:36**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
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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

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)  
**3499 Highway 17 N.**  
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 \_\_\_\_\_ (NOT: 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P01237 AVRS INC. 146 CENTRAL PARK NEW YORK NY</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>G95335900015 ST. JOHNS PARTNERS 200 ASHFORD CENTER N. #340 ALTANTA GA 30338</b>
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STREET ADDRESS	<b>400004303284--2</b>
CITY - ST - ZIP	<b>-05/24/01--01003--012</b>
STREET ADDRESS	<b>****535.00 ****535.00</b>
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CR2E003 (11/00)

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: Andrew Aaronson      Date: 3/30/01      Daytime Phone #: 770 379-9100