

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000084**

1. Entity Name
VAULT-COLLINS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33



Principal Place of Business
% THE VAULT GROUP, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

Mailing Address
% THE VAULT GROUP, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207-9031

2. Principal Place of Business
6950 Philips Highway
Suite, Apt. #, etc.
Suite 6
City & State
Jacksonville, Florida

3. Mailing Address
6950 Philips Highway
Suite, Apt. #, etc.
Suite 6
City & State
Jacksonville, Florida

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3289291** 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

ALLEN, LAURA HENRY
200 LAURA ST., THIRD FLOOR
JACKSONVILLE FL 32202

Name
Street Address (P.O. Box Number is Not Acceptable)
6950 Philips Highway
Suite 6
City **Jacksonville** FL Zip Code **32216**

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

9. Capital Contributions as Shown on record. **\$120,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000003438 JAB INVESTMENTS, INC. 1301 RIVERPLACE BLVD., SUITE 2552 JACKSONVILLE FL 32207	STREET ADDRESS CITY - ST - ZIP	6950 Philips Highway Suite 6 Jacksonville, Florida 32216
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700003307567--5 -06/28/00--01042--017 ****88.75 ****88.75
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700003307567--5 -06/28/00--01042--018 ****437.50 ****437.50
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #