

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000835

1. Entity Name
COGGIN FAMILY INVESTMENT COMPANY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:51



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4306 PABLO OAKS COURT
JACKSONVILLE FL 32224**

Mailing Address
**P.O. BOX 16469
JACKSONVILLE FL 32245-6469**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3337934** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**COGGIN FAMILY INVESTMENT CORP.
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000,000.00**

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 #	P95000030570
NAME	COGGIN FAMILY INVESTMENT CORP.
STREET ADDRESS	4306 PABLO OAKS COURT
CITY - ST - ZIP	JACKSONVILLE FL 32224
DOCUMENT #	
NAME	COGGIN, LUTHER W
STREET ADDRESS	4306 PABLO OAKS COURT
CITY - ST - ZIP	JACKSONVILLE FL 32224
DOCUMENT #	
NAME	COGGIN, BLANCHE B
STREET ADDRESS	4306 PABLO OAKS COURT
CITY - ST - ZIP	JACKSONVILLE FL 32224
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	700003198467--0
CITY - ST - ZIP	-04/06/00--01067--023
STREET ADDRESS	***535.00 ***535.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: Linda L. Marlette **Linda L. Marlette**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3-17-00** Daytime Phone # **904-992-4110**

CR2E003 (9/99)