

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000000835

f. Entity Name

COGGIN FAMILY INVESTMENT COMPANY, LTD.

FILED

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

Mailing Address
**P.O. BOX 16469
 JACKSONVILLE FL 32224**

**01 JAN 29 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3337934	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COGGIN FAMILY INVESTMENT CORP.
 4306 PABLO OAKS COURT
 JACKSONVILLE FL 32224**

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 _____

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
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**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	P95000030570 COGGIN FAMILY INVESTMENT CORP. 4306 PABLO OAKS COURT JACKSONVILLE FL 32224	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COGGIN, LUTHER W 4306 PABLO OAKS COURT JACKSONVILLE FL 32224	STREET ADDRESS	300003630313-6 -02702701-01050-005 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	COGGIN, BLANCHE B 4306 PABLO OAKS COURT JACKSONVILLE FL 32224	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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, Treasurer**
 COGGIN FAMILY INVESTMENT CORP. 1-2401 904-992-4110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)