

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002112

1. Entity Name

THE AVP AND GLP FAMILY PARTNERSHIP, LTD.

Principal Place of Business

14661 MARSH VIEW DRIVE
JACKSONVILLE FL 32250

Mailing Address

14661 MARSH VIEW DRIVE
JACKSONVILLE FL 32250-2077

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

59-3533604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256-1813

7. Name and Address of New Registered Agent

Name GWENITH L. PETERSON

Street Address (P.O. Box Number is Not Acceptable)

14661 MARSH VIEW DRIVE

City JACKSONVILLE

FL

Zip Code 32250

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.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

200,000.

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 #
NAME PETERSON, GWENITH L
STREET ADDRESS 5455 MARINERS COVE DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32210

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 14661 MARSH VIEW DRIVE
CITY - ST - ZIP JACKSONVILLE, FL 32250

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 APR 12 PM 3:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)