

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001594

1. Entity Name

ADAMS & COCHRAN PROPERTIES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

Principal Place of Business

6818 NORTH MAIN STREET  
JACKSONVILLE FL 32208

Mailing Address

6818 NORTH MAIN STREET  
JACKSONVILLE FL 32208

2. Principal Place of Business

6818 MAIN ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32218

Country

USA

Zip

Country

4. FEI Number

59-3603801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, WAYNE  
6818 NORTH MAIN STREET  
JACKSONVILLE FL 32208

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.

H. Wayne Adams

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

7-25-00

9. Capital Contributions  
as Shown on record.

\$58,800.00

10. Amount of Capital Contributions  
in FLORIDA to date.

SAME

MAKE CHECK PAYABLE TO DEPT. OF STATE  
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 # 337125  
NAME FLORIDA MAINTENANCE COMPANY  
STREET ADDRESS 6818 NORTH MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100003386251--6

09/08/00 01027-005

\*\*\*\*500.35 \*\*\*\*500.35

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

H. Wayne Adams, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

H.W. ADAMS

8-22-00

Date

904-765-4233

Daytime Phone #

CR2E003 (5/00)