

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011566 AF

DOCUMENT # **A99000001433**

1. Entity Name

**VERANDA II PARTNERS, LTD.**

**FILED**

**01 MAY -1 PM 12:29**

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5000 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082**

Mailing Address

**5000 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

**818 AIA North  
Suite 300**

3. Mailing Address

**818 AIA North  
Suite 300**

City & State

**Ponte Vedra Beach**

City & State

**Ponte Vedra Beach**

Zip

**32082**

Country

**USA**

Zip

**32082**

Country

**USA**

4. FEI Number

**59-3556387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HORNE, DONIS P  
5000 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

**Horne, Donis P.  
818 AIA North, Suite 300  
Ponte Vedra Beach FL 32082**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$930,560.00**

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 # **L99000005467**  
NAME **VERANDA II PARTNERS LL**  
STREET ADDRESS **5000 SAWGRASS VILLAGE CIRCLE**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **818 AIA North, Suite 300**  
CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-30-01**

Date

**285-3400**

Daytime Phone #

CF21103 (11/00)