

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000907

1. Entity Name

FOSTER INVESTMENTS OF NAPLES, LIMITED PARTNERSHI

FILED

mf

Principal Place of Business

1050 RIVERSIDE AVENUE
JACKSONVIELL FL 32201

Mailing Address

P.O. BOX 4550
JACKSONVILLE FL 32201

01 JAN 31 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

701 Fisk Street

3. Mailing Address

701 Fisk Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number
59-3650637

Applied For

Not Applicable

Zip
32204

Country
USA

Zip
32204

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YONG, FRANK J
1050 RIVERSIDE AVENUE
JACKSONVIELL FL 32201

7. Name and Address of New Registered Agent

Name

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

701 Fisk Street

Suite 110

City

Jacksonville

FL

Zip Code
32204

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

John Foster

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,237,667.54

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 # P00000043253
NAME JOHN & JANE FOSTER, INC.
STREET ADDRESS 1050 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVIELL FL 32201

13. ADDRESS CHANGES ONLY

STREET ADDRESS 701 Fisk Street, Suite 110

CITY-ST-ZIP Jacksonville, FL 32204

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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:

John Foster, Sr. President (John) & Jane Foster, Inc. (general partner)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)