

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001163

1. Entity Name

PORTER PLACE, LTD.

Principal Place of Business

11737 CENTRAL PARKWAY, SUITE A  
JACKSONVILLE FL 32224

Mailing Address

209 OAK POINT LANE  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3668081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, PAUL C

11737 CENTRAL PARKWAY, SUITE A  
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$225,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

138,857

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000017638  
NAME 11737 CENTRAL PARKWAY, INC.  
STREET ADDRESS 11737 CENTRAL PARKWAY, SUITE A  
CITY-ST-ZIP JACKSONVILLE FL 32224

STREET ADDRESS

CITY-ST-ZIP

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-07/05/02--01060--008  
\*\*\*\*326.25 \*\*\*\*326.25

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/15/02

Daytime Phone #

904-996-7700

FILED

02 JUL -1 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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CR2E003 (9/01)