

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001460

1. Entity Name

VESTCOR FUND XXVI, LTD.

Principal Place of Business

Mailing Address

3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

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

59-3674251

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

Name

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

City

FL

Zip Code

VESTCOR PARTNERS XXVI, INC. LLC  
3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

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

*Stephen A. Frick*

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

1-24-02

DATE

9. Capital Contributions  
as Shown on record.

\$99.90

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000000119 LO1000021342  
NAME VESTCOR PARTNERS XXVI, INC. LLC  
STREET ADDRESS 3020 HARTLEY ROAD, SUITE 300  
CITY-ST-ZIP JACKSONVILLE FL 32257

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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:

*Stephen A. Frick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stephen A. Frick

1-24-02

Date

Daytime Phone #



FILED  
02 FEB -4 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006637 AI

CR2E003 (9/01)

STAPLE CHECK HERE