

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006034 AT

DOCUMENT # A01000000108

1. Entity Name

PONTE VEDRA AMSOUTH BUILDING, LTD.

FILED

02 MAY -3 AM 10:31

Principal Place of Business

601 RIVERSIDE AVE., BLDG. II, STE. 650  
JACKSONVILLE FL 32204

Mailing Address

601 RIVERSIDE AVE., BLDG. II, STE. 650  
JACKSONVILLE FL 32204

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

229 Post Street

3. Mailing Address

229 Post Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3695064

Applied For

Not Applicable

Zip

32204

Country

Doral

Zip

32204

Country

Doral

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, R. LAMAR JR.

601 RIVERSIDE AVE., BLDG. II, STE. 650  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

229 Post Street

City

Jacksonville

FL

Zip

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

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

DATE

9. Capital Contributions as Shown on record.

\$25,100

10. Amount of Capital Contributions in FLORIDA to date.

\$925,100.00

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 # P94000076798  
NAME SKYLINE REALTY SERVICES, INC.  
STREET ADDRESS 601 RIVERSIDE AVE., BLDG. II, STE. 650  
CITY-ST-ZIP JACKSONVILLE FL 32204

13. ADDRESS CHANGES ONLY

STREET ADDRESS

229 Post Street

CITY-ST-ZIP

Jacksonville, FL 32204

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

4/8/02

904-358-0900

CR2E003 (9/01)