

2002 UNIFORM BUSINESS REPORT (UBR)

0020837 SP

DOCUMENT # A01000000611

1. Entity Name

FINLAY INTERESTS 26, LTD.

FILED

02 APR 29 AM 8: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**

4300 MARSH LANDINGS BLVD., SUITE 101 4300 MARSH LANDINGS BLVD., SUITE 101
JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250

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 **Applied For**

59-3716439 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENT. FL., INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 _____ **DATE** _____

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

9. Capital Contributions **\$50.00** **10. Amount of Capital Contributions** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**

as Shown on record. in FLORIDA to date. 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 #	L01000007008
NAME	FINLAY INTERESTS GP 26, LLC
STREET ADDRESS	4300 MARSH LANDINGS BLVD., SUITE 101
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000005481970--1
CITY-ST-ZIP	-05/07/02--01083--011
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ **DATE** 4-26-02 **DAYTIME PHONE #** 904-280-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CHRISTOPHER FINLAY

CR2E003 (9/01)