

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A01000001247

**1. Entity Name**  
FINLAY INTERESTS 43, LTD.

**FILED**  
02 APR 19 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
4300 MARSH LANDING BLVD., SUITE 101  
JACKSONVILLE BEACH FL 32250

**Mailing Address**  
P.O. BOX 4961  
ORLANDO FL 32801-4961

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

**4. FEI Number**  
39-3748842

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

Applied For  
Not Applicable

**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** 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 #	L01000015772	STREET ADDRESS	
NAME	FINLAY INTERESTS GP 43, LLC	CITY-ST-ZIP	
STREET ADDRESS	4300 MARSH LANDING BLVD., SUITE 101		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
DOCUMENT #		STREET ADDRESS	6000005328206--1
NAME		CITY-ST-ZIP	-04/24/02--01012--002
STREET ADDRESS			****141.25 ****141.25
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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**

BY: Finlay Interests GP 43, LLC  
BY: Finlay GP Holdings, LLC, its manager  
BY: Finlay Holdings, Inc., its general partner

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/02 904-280-1000  
Date Daytime Phone #

CR2E003 (9/01)