

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02367**

1. Entity Name  
**LANDVEST, LTD.**



Principal Place of Business  
**6215 WILSON BLVD.  
JACKSONVILLE FL 32210**

Mailing Address  
**P.O. BOX 7779  
JACKSONVILLE FL 32238**

**FILED**  
**03 MAY -5 PM 7:05**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MAJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **59-1497674**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TOWERS, C.D., JR.  
1301 RIVERPLACE BLVD., STE. 1500  
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions  
as Shown on record. **\$452.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **429999**  
NAME **LANDVEST OF FLORIDA, INC**  
STREET ADDRESS **6215 WILSON BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

**700018008237**  
**05/05/03--01064--016 \*\*141.25**

DOCUMENT #  
NAME **TOWERS, C.D., JR.**  
STREET ADDRESS **1301 RIVERPLACE BLVD., STE. 1500**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

STREET ADDRESS

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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

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**C.D. TOWERS, JR.**

**4-30-03**

**904-346-5505**

Date

Daytime Phone #

CR2E003 (10/02)

0006507 AT