

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02405
1. Entity Name
HASKELL REALTY DEVELOPERS, LTD.

Principal Place of Business
 111 RIVERSIDE AVE
 P.O. BOX 44100
 JACKSONVILLE FL 32231-4100

Mailing Address
 111 RIVERSIDE AVE
 P.O. BOX 44100
 JACKSONVILLE FL 32231-4100

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

FILED
 01 SEP -5 AM 8:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1528734 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 VANDERGRIF, C. EDWARD
 111 RIVERSIDE AVE
 JACKSONVILLE FL 32202-4950

7. Name and Address of New Registered Agent
 Name: Christopher S. Park
 Street Address (P.O. Box Number is Not Acceptable): 111 Riverside Avenue
 City: Jacksonville FL Zip Code: 32202

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: *Christopher S. Park* DATE: 4-26-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$0.00 **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 #	HASKELL, PRESTON H.	STREET ADDRESS	
NAME	111 RIVERSIDE AVE	CITY-ST-ZIP	600004587516--2
STREET ADDRESS	JACKSONVILLE FL		-09/13/01-01071-017
CITY-ST-ZIP			****150.00 ****150.00
DOCUMENT #	Haskell Development Inc	STREET ADDRESS	
NAME	111 Riverside Avenue	CITY-ST-ZIP	
STREET ADDRESS	Jacksonville FL 32202		
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		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: *Christopher S. Park* **SIGNATURE REQUIRED** DATE: 4-26-01 DAYTIME PHONE #: 771-4705

0012498 AF

001(1) 0003202