

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000519 AF

**DOCUMENT # A03876**

1. Entity Name

**CEDAR HILLS, LTD.**

**FILED**

**01 APR 23 AM 10:33**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1300 RIVERPLACE BLVD.  
SUITE 610  
JACKSONVILLE FL 32207**

Mailing Address

**1300 RIVERPLACE BLVD.  
SUITE 610  
JACKSONVILLE FL 32207**

2. Principal Place of Business

**6215 Wilson Blvd.**

3. Mailing Address

**P.O. Box 7779**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL 32210**

City & State

**Jacksonville, FL 32238**

4. FEI Number

**59-1563513**

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

**TOWERS, JR. CHARLES D.  
1300 RIVERPLACE BLVD.  
SUITE 610  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

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

**1301 Riverplace Blvd. Suite 1500**

City

**Jacksonville**

**FL**

Zip Code  
**32207**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$445,761.00**

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**TOWERS, JR. CHARLES D.  
4589 ORTEGA BLVD.  
JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

**4579 Ortega Blvd.**

**Jacksonville, FL 32210**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**TOWERS, JEAN B.  
4314 MCGIRTS BLVD.  
JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

**4275 Baltic Street**

**Jacksonville, FL 32210**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**178092  
FLORIDA TITLE & PARTNERS, INC.  
1300 RIVERPLACE BLVD., SUITE 610  
JACKSONVILLE FL 32207**

STREET ADDRESS

CITY-ST-ZIP

**6215 Wilson Blvd.**

**Jacksonville, FL 32210**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**600004163816-8**

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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:**

*Charles D. Towers, Jr.*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Charles D. Towers, Jr.**

Date

**4/12/01 904/778-1888**

Daytime Phone #

CR2E003 (11/00)