

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006284 AT

DOCUMENT # A10728

1. Entity Name

SOUTHERN VILLAS OF MADISON, LTD.

FILED  
02 APR 30 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE FL 32224-9667

Mailing Address

4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE FL 32224-9667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-2233544

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE  
9551-4 BAYMEADOWS ROAD  
JACKSONVILLE FL 32256

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

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

DATE

9. Capital Contributions as Shown on record.

\$69,453.00

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STOKES, E CHESTER JR  
4315 PABLO OAKS COURT, SUITE 1  
JACKSONVILLE FL 32224-9667

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005508025--8  
-05/13/02--01010--001  
\*\*45187.28 \*\*\*535.00

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: *E. Chester Stokes, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/02

904/739-2249

Date

Daytime Phone #

CR2E003 (9/01)