

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0000687 AF

DOCUMENT # **A13381**

1. Entity Name

**DELCHER BUILDING INVESTORS LIMITED**

01 APR 27 PM 6:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3100 UNIVERSITY BLVD. SOUTH  
SUITE 200  
JACKSONVILLE FL 32216**

Mailing Address  
**3100 UNIVERSITY BLVD. SOUTH  
SUITE 200  
JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2288450**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BROWN, GERALDINE G  
3100 UNIVERSITY BLVD. SOUTH  
SUITE 200  
JACKSONVILLE FL 32216**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$22,332.80**  
10. Amount of Capital Contributions in FLORIDA to date. **\$22,332.80**  
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 #	A10009 C & M INVESTORS LIMITED 3100 UNIVERSITY BLVD. S. JACKSONVILLE FL	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	156.33-LP
DOCUMENT #		STREET ADDRESS	88.75-Adm
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	700004194427--6
DOCUMENT #		STREET ADDRESS	-05/10/01--01124--015
NAME			****245.08 ****245.08
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	

156.33-UP  
88.75-Adm

700004184427--6  
-05/10/01--01124--015  
\*\*\*\*245.08 \*\*\*\*245.08

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: Potter-Harrell **Potter-Harrell** 4/26/01 904-359-0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)