

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15117**

1. Entity Name

ATLANTIC CAPITAL PROPERTIES, SERIES VI, LTD.

FILED

00 JAN 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**480 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**P.O. BOX 6746
JACKSONVILLE 32236-6746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2405398

Applied For
Not Applicable

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

FRANKLIN, BEN T.

**480 SOUTH EDGEWOOD AVE
JACKSONVILLE FL 32205**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

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.

DOCUMENT #
NAME

**FRANKLIN, BEN T., JR.
480 SOUTH EDGEWOOD AVE
JACKSONVILLE FL 32205**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME

**MORALES, RICARDO JR
6900 PHILLIP HWY STE 11
JACKSONVILLE FL 32216**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME

FRANKLIN, BEN T., JR.

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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 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

Ben T. Franklin, Jr.

Date

Daytime Phone #

(904) 384-1000