

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012503 AF

DOCUMENT # **A15117**

1. Entity Name

**ATLANTIC CAPITAL PROPERTIES, SERIES VI, LTD.**

Principal Place of Business

**480 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE FL 32205**

Mailing Address

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

**FILED**

**01 APR 12 PM 12:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2405398**

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

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)

**903 RIVER OAKS RD**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4/2/01**

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. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **FRANKLIN, BEN T., JR.**  
STREET ADDRESS **480 SOUTH EDGEWOOD AVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

STREET ADDRESS **903 RIVER OAKS RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

DOCUMENT #  
NAME **MORALES, RICARDO JR**  
STREET ADDRESS **6950 PHILLIPS HIGHWAY, SUITE 15**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**400004037514--5**  
**04/23/01-01015-005**  
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/2/01**

Date

Daytime Phone #

CR2E003 (11/00)