

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A17179**

1. Entity Name **LION'S HEAD, LTD.**

FILED

00 APR 11 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**437 EAST MONROE STREET  
JACKSONVILLE FL 32202**

Mailing Address  
**437 EAST MONROE STREET  
JACKSONVILLE FL 32202-2853**

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 **59-2531484** 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

**WILLIS, LYNWOOD G.  
437 E. MONROE STREET  
JACKSONVILLE FL 32202**

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. **\$90.00** 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 #	F39213	STREET ADDRESS	STREET ADDRESS	
NAME	DUKE PROPERTIES, INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	415 EAST MONROE STREET			
CITY - ST - ZIP	JACKSONVILLE FL 32202			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
CITY - ST - ZIP				

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04/13/00-01106-001  
\*\*\*\*150.00 \*\*\*\*150.00

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: **SIGNATURE REQUIRED**  
LYNWOOD G. WILLIS

2/22/00

(904) 358-3898

Date Daytime Phone #

CF21E003 09/09/99