

# 2000 UNIFORM BUSINESS REPORT (UBR)

57

DOCUMENT # A17452

1. Entity Name

ONE ENTERPRISE CENTER, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:45

Principal Place of Business

121 W. TRADE ST. SUITE 2550  
CHARLOTTE NC 28202

Mailing Address

121 W. TRADE ST. SUITE 2550  
CHARLOTTE NC 28202-1160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1432738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH & HULSEY

225 WATER STREET

SUITE 1800

JACKSONVILLE FL 32202-4424

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.

\$12,000,150.00

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 # P15434  
NAME FAISON-JACKSONVILLE ASSO  
STREET ADDRESS 121 W. TRADE ST., S-1990  
CITY - ST - ZIP CHARLOTTE NC

STREET ADDRESS 121 W. TRADE ST., STE 2550  
CITY - ST - ZIP

DOCUMENT # 857036  
NAME FAISON-JACKSONVILLE PROP  
STREET ADDRESS 121 W. TRADE ST., S-1990  
CITY - ST - ZIP CHARLOTTE NC

STREET ADDRESS 121 W. TRADE ST., STE 2550  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
100003189051--9  
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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.

BY: FAISON-JACKSONVILLE PROPERTY, INC., GENERAL PARTNER

SIGNATURE: BY: DIANE K. HUNTER

3-8-00 704-972-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASSISTANT SECRETARY

Daytime Phone #

CR2E003 (9/99)