

2001 UNIFORM BUSINESS REPORT (UBR)

0016061 AF

DOCUMENT # **A17765**

1. Entity Name

FAISON-JACKSONVILLE ASSOCIATES, LTD.

FILED

01 APR 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/27



DO NOT WRITE IN THIS SPACE

mjh

Principal Place of Business

121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202

Mailing Address

121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202

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

56-1432738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH & HULSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202-4424

7. Name and Address of New Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City **Plantation**

FL

Zip Code
33324

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

(Change form already filed.)

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$460.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0

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

DOCUMENT #
NAME **FAISON, HENRY J**
STREET ADDRESS **121 WEST TRADE ST #2550**
CITY-ST-ZIP **CHARLOTTE NC**

DOCUMENT # **P15434**
NAME **FAISON & ASSOCIATES, INC LLC** *(by merger on file)*
STREET ADDRESS **121 WEST TRADE ST #2550**
CITY-ST-ZIP **CHARLOTTE NC**

DOCUMENT # **M-2640**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800004191828--7
-05/09/01--01132--008
******141.25 ****141.25**

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 & Associates, LLC**

SIGNATURE: **Nancy L Farmer, Assoc. Decy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NANCY L. FARMER

4-6-01

704-972-2500

Date

Daytime Phone #

CR2E003 (11/00)