

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018673 AF

DOCUMENT # **A19882**

1. Entity Name

**VOLUSIA INVESTMENTS, L.P., LTD.**

Principal Place of Business

**BUILDING 7  
161 VILLAGE PARKWAY  
MARIETTA GA 30067**

Mailing Address

**BUILDING 7  
161 VILLAGE PARKWAY  
MARIETTA GA 30067**

**FILED**  
**01 JAN 22 AM 10:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*zf*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1648805**

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

**PROCTOR, M. JULIAN JR.  
227 S. CALHOUN ST.  
AUSLEY & MCMULLEN  
TALLAHASSEE FL 32301**

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.

**\$52.00**

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 **TOWLES, WILLIAM THOMAS**  
STREET ADDRESS **700 BCH. RD. #256**  
CITY-ST-ZIP **VERO BCH. FL 32963**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **BROWN, G. OWEN**  
STREET ADDRESS **695 RIVERKNOLL DR**  
CITY-ST-ZIP **MARIETTA GA 30067**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **ARMSTRONG, WILLIAM L**  
STREET ADDRESS **5303 BALDWIN RIDGE TRAIL**  
CITY-ST-ZIP **MARIETTA GA 30068**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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**100003591161--8**  
**-01/30/01--01013--011**  
**\*\*\*\*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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/15/01**

Date

**770-956-8383**

Daytime Phone #

CR2E003 (11/00)