

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19882**

1. Entity Name

VOLUSIA INVESTMENTS, L.P., ~~INC.~~

FILED

02 JAN 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

35 Johnson Ferry Rd
Suite, Apt. #, etc.

3. Mailing Address

35 Johnson Ferry Rd
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Marietta, GA

City & State

Marietta, GA

4. FEI Number

58-1648805

Applied For

Not Applicable

Zip

GA 30067

Country

Zip

30067

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BROWN, G. OWEN
695 RIVERKNOLL DR
MARIETTA GA 30087**

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

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

100004851631--3

STREET ADDRESS

CITY-ST-ZIP

-01/31/02--01089--009

******141.25 ****141.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

1/8/02

77-956-8383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0019213 AB