

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017856 AF

DOCUMENT # **A22173**

1. Entity Name

UNIVERSITY AND BEACH INVESTORS, LTD.

FILED  
01 APR 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA VA 22182

Mailing Address

8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA VA 22182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2643612

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANKERS, GUS  
6900 SOUTHPOINT DRIVE NORTH  
SUITE 250  
JACKSONVILLE FL 32216

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.

\$955,350.00

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 # J05082  
NAME GROUP IV PROPERTIES, INC  
STREET ADDRESS 6900 SOUTHPOINT DRIVE N.  
CITY-ST-ZIP JACKSONVILLE FL

STREET ADDRESS

500004193355--2

CITY-ST-ZIP

05/10/01--01083--016

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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

Group IV Properties, Inc.

SIGNATURE: By: MARC HUTCHINSON

April 25, 2001

703.506.1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)