

# 620 UNIFORM BUSINESS REPORT (UBR)

0005705 AT

**DOCUMENT # A23052**

1. Entity Name  
**YULEE ASSOCIATES, LTD.**

FILED  
02 JUN 21 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3823 OWENS ROAD  
YULEE FL 32097**

Mailing Address  
**3823 OWENS ROAD  
YULEE FL 32097**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number  
**59-2809109**

Applied For  
 Not Applicable

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**

**HENDERSON, J. GROVER  
3823 OWENS ROAD  
YULEE FL 32097**

Name **Jerome A Siegel**  
Street Address (P.O. Box Number is Not Acceptable) **3823 Owens Rd**  
City **Yulee** FL Zip Code **32097**

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 *Jerome A Siegel* DATE **6-10-02**

9. Capital Contributions as Shown on record. **\$990.00**

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 STREET ADDRESS CITY-ST-ZIP	<b>G17202 CORDCON CAPITAL CORP. 3823 OWENS ROAD YULEE FL 32097</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

STREET ADDRESS CITY-ST-ZIP	<b>200005975162--6 -06/25/02--01058--002 ****141.25 ****141.25</b>
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: *Jerome A Siegel* DATE **4-30-02** DAYTIME PHONE # **212-410-7555**

CP2E003 (9/01)