

# 602 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.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2809109**

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

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

7. Name and Address of New Registered Agent

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*

**6-10-02**

DATE

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

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

DOCUMENT #  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**200005975162--6**

CITY-ST-ZIP

**-06/25/02--01058--002**

**\*\*\*\*141.25 \*\*\*\*141.25**

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-30-02 212-410-7553**

Date

Daytime Phone #

CR2E003 (9/01)