

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25144**

1. Entity Name

CIS REALTY, LIMITED

FILED

00 JAN 28 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
13700 SUTTON PARK DR. N., SUITE 535
JACKSONVILLE FL 32224

Mailing Address
POST OFFICE BOX 7177
JACKSONVILLE FL 32238-0177

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2842334** Applied For
Not Applicable

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

BARTON, THOMAS L.
13700 SUTTON PARK DR. N., SUITE 535
JACKSONVILLE FL 32224

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. **\$900,000.00**

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 # **J78761**
NAME **O.N., INC.**
STREET ADDRESS **P. O. BOX 7177 N/A**
CITY - ST - ZIP **JACKSONVILLE FL**

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

1/24/2000

828-743-2585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James C. Barton, President of O.N., Inc.

Date

Daytime Phone #