

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25763**

1. Entity Name

**WEEKS/SKYLAND JOINT VENTURE, L.P.**

Principal Place of Business

**4497 PARK DRIVE  
NORCROSS GA 30093**

Mailing Address

**4497 PARK DRIVE  
NORCROSS GA 30093-2908**

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

**58-1736815**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YERGLER, JON C  
% LOWNDES DROSDICK ET AL  
215 N EOLA DRIVE  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
City  
**Plantation** **FL** Zip Code  
**33324**

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 must be a resident of the State of Florida.)

**Jeffrey R. Graves**

**Assistant Secretary**

DATE

**4/11/2000**

9. Capital Contributions  
as Shown on record.

**\$45.00**

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 # **B97000000567**  
NAME **WEEKS TRADEPORT LIMITED PARTNERSHIP**  
STREET ADDRESS **13350 INTERNATIONAL DRIVE, SUITE 100**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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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.

By: **Weeks Realty Services, Inc.,**  
Managing Partner of Weeks Development Partnership, general partner of Weeks  
Tradeport Limited Partnership, general partner of Weeks/Skyland Joint Venture,  
SIGNATURE: **Elizabeth C. Belden** 4/19/00 Daytime Phone # **770-713226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

