

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005157 1/0

DOCUMENT # **A26409**

1. Entity Name

**M JACKSONVILLE PARTNERS LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 18 PM 12:45

Principal Place of Business  
**% MATHESON ENTERPRISE MANAGEMENT, INC.  
3898 SHIPPING AVENUE  
MIAMI FL 33146**

Mailing Address  
**% MATHESON ENTERPRISE MANAGEMENT, INC.  
3898 SHIPPING AVENUE  
MIAMI FL 33146-1517**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **65-0056928**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MATHESON, FINLAY B.  
% MATHESON ENTERPRISE MANAGEMENT, INC.  
3898 SHIPPING AVENUE  
MIAMI FL 33146**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,940,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,802,750.00**

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 #	<b>MATHESON, FINLAY B. 3898 SHIPPING AVENUE MIAMI FL 33146</b>	STREET ADDRESS	<b>900003155879--5</b>	
NAME		CITY - ST - ZIP	<b>-03703700--01015--007</b>	
STREET ADDRESS			<b>***526.25 ***526.25</b>	
CITY - ST - ZIP			<b>mf 2/28/08</b>	
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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

SIGNATURE: **REQUIRED** **2.9.00 (305) 443-4256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)