

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26479**

1. Entity Name  
**H. C. JACKSONVILLE, LIMITED PARTNERSHIP**



Principal Place of Business  
**2600 GRAND AVENUE  
SUITE 700  
KANSAS CITY MO 64108**

Mailing Address  
**2600 GRAND AVENUE  
SUITE 700  
KANSAS CITY MO 64108**

**FILED**

**03 APR 16 AM 7:13**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



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 **43-1480663**

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

**HANSON, KARL B. JR.  
% LEBOEUF, LAMB, LEIBY & MACRAE  
200 LAURA STREET  
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions **\$244,530.00**  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date. **# 244,530.00**

11. MAKE CHECK PAYABLE TO FL 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 **DEHARDT, JOHN**  
STREET ADDRESS **2600 GRAND AVE., S-700**  
CITY-ST-ZIP **KANSAS MO 64108**

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

SIGNATURE: **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/10/03**

**816 842 2690**

Date

Daytime Phone #

CR2E003 (10/02)

0020220 MB