

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29816**

1. Entity Name

JACKSONVILLE INTERNATIONAL AIRPORT ROAD ASSOCIAT

Principal Place of Business

3111 FORTUNE WAY, B-18
WEST PALM BEACH FL 33414

Mailing Address

3111 FORTUNE WAY, B-18
WEST PALM BEACH FL 33414

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

65-0180909

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

SHAPIRO, STEVEN

3111 FORTUNE WAY, B-18
WEST PALM BEACH FL 33414

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.

\$1,960,000.00

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

DOCUMENT # ~~G0531000000000~~ **G01270900211**
NAME **KSP/JACKSONVILLE LAND PARTNERS, A FL J.V.**
STREET ADDRESS **3111 FORTUNE WAY, B-18**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP **600004617996--0**
-10/01/01--01051--010
******526.25L****526.25**

DOCUMENT #
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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)(l), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01

Date

651 793-5852

Daytime Phone #

0007315 AF

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE

RAJH

FILED

01 SEP 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2062



Shapiro/Pertnoy Companies

from the desk of
CARY KLEIN

THIS WAS ORIGINALLY FILED IN
APRIL, BUT WAS REJECTED BECAUSE
THE FICTITIOUS NAME (KSP/JACKSONVILLE)
HAD EXPIRED.

I HAVE SINCE SENT IN A
NEW APPLICATION FOR A FICTITIOUS
NAME.

PLEASE CALL ME AT (561) 793-5852
IF YOU HAVE ANY QUESTIONS

Thank You
CARY Klein
Controller