

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A92000000228**

1. Entity Name

VCP-TIMUQUANA ASSOCIATES, LTD.

Principal Place of Business

3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

Mailing Address

3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3020 Hartley Road
Suite, Apt. #, etc.
Suite 300

City & State
Jacksonville, FL

Zip Country
32257 USA

3. Mailing Address

3020 Hartley Road
Suite, Apt. #, etc.
Suite 300

City & State
Jacksonville, FL

Zip Country
32257 USA

4. FEI Number **59-3164601**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARRELL, MARK T
3020 Hartley Road, Ste. 300
Jacksonville, FL 32257

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 _____ DATE **April 4, 2000**

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 **\$800,000.00**

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 # **P92000014104**
NAME **VFA-TIMUQUANA PARTNERS, INC.**
STREET ADDRESS **3030 HARTLEY ROAD, SUITE 100**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3020 Hartley Road, Ste. 300**
CITY-ST-ZIP **Jacksonville, FL 32257**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **400003259574--2**
CITY-ST-ZIP **-05/19/00--01089--005**
*******526.25 *****526.25**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

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

April 4, 2000

(904) 260-3030