

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000329**

1. Entity Name

CORIM-LAURA STREET, LTD.

Principal Place of Business

~~G/O REGENCY REALTY~~
121 W. FORSYTH STREET, SUITE 200
JACKSONVILLE FL 32202

Mailing Address

~~G/O REGENCY REALTY~~
~~P.O. BOX 2718~~
JACKSONVILLE FL 32232

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 16 AM 11:05

REINSTATEMENT 2000



2. Principal Place of Business

100 LAURA STREET
Suite, Apt. #, etc.
SUITE B-100

City & State

JACKSONVILLE FLORIDA
Zip
32201

3. Mailing Address

~~316 BERNARD RD~~
Suite, Apt. #, etc.
#CLS-100

City & State

JACKSONVILLE FLORIDA
Zip
32218

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6998201

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGENCY REALTY
121 W. FORSYTH STREET, SUITE 200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
STEWARDSHIP SERVICES
Street Address (P.O. Box Number is Not Acceptable)
316 BERNARD RD
#55-110
City
JACKSONVILLE FL Zip Code
32218

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] **MAURICE NICHOLS FOR STEWARDSHIP SERVICES** 11/10/00
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions

\$8,370,962.00

10. Amount of Capital Contributions

in FLORIDA to date **8,370,962.00**

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

DOCUMENT # **F96000006627**
NAME **SCHNEIDER PROPERTIES CO.**
STREET ADDRESS **2801 HIGHWAY 41 SOUTH**
CITY-ST-ZIP **ELKO GA 31025**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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] **MAURICE NICHOLS FOR CORIM LAURA STREET LTD** 11/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

804-633-8683

0001025 AF

CR2E003 (5/00)