

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000034**

1. Entity Name

THE CHARLES MARSH LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 13 PM 1:33

Principal Place of Business
2855 FORBES STREET
JACKSONVILLE FL 32205

Mailing Address
2855 FORBES STREET
JACKSONVILLE FL 32205-7520



2. Principal Place of Business

408 COLUMBUS AVE

Suite, Apt. #, etc.

3. Mailing Address

408 COLUMBUS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INTERLACHEN FL

City & State

INTERLACHEN FL

4. FEI Number

59-3214942

Applied For

Not Applicable

Zip

32148

Country

USA

Zip

32148

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARSH, CHARLES F III
2855 FORBES STREET
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **Marsh, Charles F III**

Street Address (P.O. Box Number is Not Acceptable)
408 COLUMBUS AVE

City **INTERLACHEN**

FL

Zip Code **32148**

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]

CHARLES F. MARSH, III, General Partner

6/3/00

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.

\$67,510.08

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 #
NAME **MARSH, CHARLES F III**
STREET ADDRESS **2855 FORBES STREET**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **408 COLUMBUS AVE**
CITY - ST - ZIP **INTERLACHEN FL 32148**

STREET ADDRESS
CITY - ST - ZIP **300003299223--9**
-06/21/00--01077--003

STREET ADDRESS
CITY - ST - ZIP *****535.00 ***535.00**

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]

CHARLES F. MARSH, III, General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

904-312-4314

CF2E003 (9/93)