

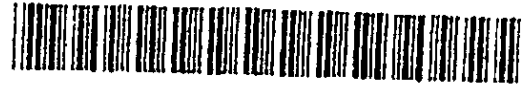
DOCUMENT # A94000000127

1. Entry Name

THE VIRGINIA H. EVANS FAMILY LIMITED PARTNERSHIP

FILED

00 JUN 28 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
6163 GREEN GLADE ROAD
JACKSONVILLE FL 32256Mailing Address
6163 GREEN GLADE ROAD
JACKSONVILLE FL 32256-7303

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 59-3223457

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

EVANS, LEE M

8163 GREEN GLADE ROAD
JACKSONVILLE FL 32256

Name

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

City

FL

Zip Code

8. The above named entry 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 use if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,648,498.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 EVANS, VIRGINIA H
STREET ADDRESS 435 CHESTNUT STREET
CITY-ST-ZIP MEADVILLE (CRAWFORD COUNTY) PA 16335

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME EVANS, LEE M
STREET ADDRESS 8163 GREEN GLADE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

STREET ADDRESS

CITY-ST-ZIP

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***526.25 ***526.25

DOCUMENT #
NAME EVANS, ROBERT H
STREET ADDRESS 18 HICKORY HILL LANE
CITY-ST-ZIP FISHERVILLE, VA 22939

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-5-00

904-361-3655