

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000187

1. Entity Name

VCP - ALDERMAN PARK PARTNERS, 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

3. Mailing Address

3020 Hartley Road

3020 Hartley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

59-3228307

Applied For

Not Applicable

Zip

Country

32257

USA

Zip

32257

Country

USA

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

FARRELL, MARK T

3020 Hartley Road, Ste. 300  
Jacksonville, FL 32257

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

April 4, 2000

9. Capital Contributions  
as Shown on record.

\$599,558.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000012587  
NAME VCP - ALDERMAN PARK, INC.  
STREET ADDRESS 3030 HARTLEY ROAD, SUITE 100  
CITY - ST - ZIP JACKSONVILLE FL 32257

STREET ADDRESS

3020 Hartley Road, Ste. 300

CITY - ST - ZIP

Jacksonville, FL 32257

DOCUMENT #  
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CITY - ST - ZIP

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 4, 2000

(904) 260-3030

Date

Daytime Phone #