

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006290 AT

**DOCUMENT #** A94000000226

**1. Entity Name**  
JACKSONVILLE SUNSHINE, LTD.

**FILED**  
2002 MAY -8 AM 11:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
3340 PEACHTREE RD. NE., STE. 1500  
ATLANTA GA 30326

**Mailing Address**  
3340 PEACHTREE RD. NE., STE. 1500  
ATLANTA GA 30326

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip** **Country**

**Zip** **Country**

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3229840

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

BAITA INTERNATIONAL, INC.  
7400 BAYMEADOWS WAY WEST, SUITE 107  
JACKSONVILLE FL 32256

**7. Name and Address of New Registered Agent**

**Name** BAITA REAL ESTATE, INC.  
**Street Address (P.O. Box Number is Not Acceptable)** 7400 Baymeadows Way, Suite 107  
**City** Jacksonville, **FL** **Zip Code** 32256

**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** **Reto J. Schneider** **4/29/02**  
Signature typed or printed name of registered agent and title if applicable DATE

**9. Capital Contributions as Shown on record.** \$1,750,000.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F94000000215	STREET ADDRESS	
NAME	BAITA REAL ESTATE, INC.	CITY-ST-ZIP	
STREET ADDRESS	3340 PEACHTREE RD. NE., STE. 1500		
CITY-ST-ZIP	ATLANTA GA 30326		
DOCUMENT #		STREET ADDRESS	800005600688--7
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NAME		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** **Reto J. Schneider** **4/29/02** **678-686-6778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)