

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001039

1. Entity Name

TWM PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 PM 3: 12

Principal Place of Business
8443 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

Mailing Address
8443 BAYMEADOWS ROAD
JACKSONVILLE FL 32256-7440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P. O. Box 411248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: FRANK HARP

City & State

City & State
Charlotte, NC

4. FEI Number 59-3258043

Applied For
Not Applicable

Zip

Country

Zip

Country

28241-1248

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

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

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

9. Capital Contributions as Shown on record. \$548,320.93

10. Amount of Capital Contributions in FLORIDA to date. \$400,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # G68849
NAME PERDUE, INC.
STREET ADDRESS 8443 BAYMEADOWS ROAD
CITY - ST - ZIP JACKSONVILLE FL 32256

STREET ADDRESS

CITY - ST - ZIP

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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:

Kenneth J. Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
SECTY & TREASURER

3/22/00 (704) 714-7200
Date Daytime Phone #