

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000084**

1. Entity Name

VAULT-COLLINS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

100 JUN -5 PM 1:33



Principal Place of Business

% THE VAULT GROUP, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

Mailing Address

% THE VAULT GROUP, INC.
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207-9031

2. Principal Place of Business

6950 Philips Highway
Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

3. Mailing Address

6950 Philips Highway
Suite, Apt. #, etc.

Suite 6

City & State

Jacksonville, Florida

Zip

32216

Country

Duval

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3289291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, LAURA HENRY
200 LAURA ST., THIRD FLOOR
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

6950 Philips Highway

Suite 6

City

Jacksonville

FL

Zip Code

32216

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.

\$120,000.00

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

DOCUMENT # **P95000003438**
NAME **JAB INVESTMENTS, INC.**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 2552**
CITY - ST - ZIP **JACKSONVILLE FL 32207**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **6950 Philips Highway Suite 6**
CITY - ST - ZIP **Jacksonville, Florida 32216**

DOCUMENT #
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CITY - ST - ZIP

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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

SIGNATURE **ALLEN, LAURA HENRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #