

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000446

1. Entity Name

SOUTHCOAST PCS PARTNERSHIP, LTD.

Principal Place of Business

1 INDEPENDENT DRIVE
SUITE 1600

JACKSONVILLE FL 32202-5009

Mailing Address

1 INDEPENDENT DRIVE
SUITE 1600

JACKSONVILLE FL 32202-5009

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 59-3302441

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

KREIS, ROBERT R
1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE FL 32202

Name -- Shields, David R.
Street Address (P.O. Box Number is Not Acceptable)
1 Independent Drive
Suite 1600
City Jacksonville FL Zip Code 32202

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  David R. Shields April 4, 2000

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. \$2,000,000.00

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 # P95000021441
NAME SOUTHCOAST PCS CORPORATION
STREET ADDRESS 1 INDEPENDENT DRIVE STE 1600
CITY - ST - ZIP JACKSONVILLE FL 32202

STREET ADDRESS 700003230477--9
CITY - ST - ZIP -05/01/00--01015--008
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David R. Shields, VP

4/4/00

(904) 634-8808

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 PM 6:10



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)