

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001167**

1. Entity Name

MYERS WORLDWIDE INVESTMENTS, LIMITED

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

320 CORPORATE WAY, STE. 200
ORANGE PARK FL 32073

Mailing Address

320 CORPORATE WAY, STE. 200
ORANGE PARK FL 32073-2857

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

59-3331379

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIEBEIG, LEAH B
320 CORPORATE WAY
SUITE 200
ORANGE PARK FL 32073

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.

\$7,100,000.00

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 # **P95000048595**
NAME **MYERS INVESTMENTS OF JACKSONVILLE, INC.**
STREET ADDRESS **320 CORPORATE WAY, STE. 200**
CITY - ST - ZIP **ORANGE PARK FL 32073**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

~~2000003142532~~ 7
~~-02/25/00--01099--023~~
~~****526.25 ****526.25~~

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 of Leah B. Giebeig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-17-00

Date

904-269-5857

Daytime Phone #

CR2E003 (9/99)