

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A95000001331

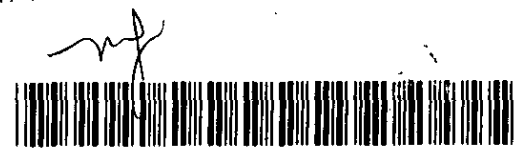
**1. Entity Name**  
SEYMOUR INVESTMENTS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Principal Place of Business**  
4485 HIGHWAY 17  
ORANGE PARK FL 32073

**Mailing Address**  
4485 HIGHWAY 17  
ORANGE PARK FL 32073

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**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 59-3339879 **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**  
O'DONNELL-SEYMOUR, LINDA - correct name only  
4485 HIGHWAY 17  
ORANGE PARK FL 32073

**7. Name and Address of New Registered Agent**  
Name: LINDA O'DONNELL  
Street Address (P.O. Box Number is Not Acceptable): 4485 HIGHWAY 17  
City: ORANGE PARK FL FL Zip Code: 32073

**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: Linda O'Donnell (NOTE: Registered Agent Signature required when reinstating) DATE:

**9. Capital Contributions as Shown on record.** \$1,000,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** 1,000,000. **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 #	O'DONNELL-SEYMOUR, LINDA	STREET ADDRESS	600003245186--0 -05/09/00-01110-003 *****526.25 *****526.25	
NAME	4485 HIGHWAY 17	CITY-ST-ZIP		
STREET ADDRESS	ORANGE PARK FL 32073			
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
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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:** Linda O'Donnell **DATE:** 4/16/00 **DAYTIME PHONE #:** 984 269-8866

UBR17 112 CR2E003 (9/96)