

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001643

1. Entity Name

VAULT - OLD KINGS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3: 05

Principal Place of Business

1301 RIVERPLACE BLVD.
SUITE 2552
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD.
SUITE 2552
JACKSONVILLE FL 32207-9031



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6950 Philips Highway

6950 Philips Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

Suite 6

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

Zip

Country

Zip

Country

32216

Duval

32216

Duval

4. FEI Number

59-3352194

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

ALLEN, JOHN J.

1301 RIVERPLACE BLVD., STE. 2552
JACKSONVILLE FL 32207

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

\$187,184.00

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 # V73143
NAME THE VAULT GROUP, INC.
STREET ADDRESS 1301 RIVERPLACE BLVD., #2552
CITY - ST - ZIP JACKSONVILLE FL 32207

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

300003265183-5
-05/24/00--01040--033

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

300003265183-5
-05/24/00--01040--034
****437.50 ****437.50

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

Date

Daytime Phone #

CR2E003 (9/99)