

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001822

1. Entity Name

SOUTH HAMPTON PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:33

Principal Place of Business

7751 BELFORT PARKWAY
STE 350
JACKSONVILLE FL 32256

Mailing Address

PO BOX 16068
JACKSONVILLE FL 32245-6068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10161 Centurion Pkwy North
Suite, Apt. #, etc.
Suite 190
City & State
Jacksonville FL

3. Mailing Address

10161 Centurion Pkwy North
Suite, Apt. #, etc.
Suite 190
City & State
Jacksonville FL

4. FEI Number 59-3343811

Applied For
Not Applicable

Zip Country
32256 US

Zip Country
32256 US

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

SIMON, BERT C
1660 PRUDENTIAL DR.
STE. 203
JACKSONVILLE FL 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000.00

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 # P95000066597
NAME SOUTH HAMPTON, INC.
STREET ADDRESS 7751 BELFORT PARKWAY, STE. 350
CITY - ST - ZIP JACKSONVILLE FL 32256

STREET ADDRESS 10161 Centurion Pkwy North, Suite 190
CITY - ST - ZIP Jacksonville FL 32256

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/00 904-998-8300
Date Daytime Phone #