

2002 UNIFORM BUSINESS REPORT (UBR)

000001 A1

DOCUMENT # A95000001822

1. Entity Name

SOUTH HAMPTON PARTNERS, LTD.

FILED

02 JAN 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**10161 CENTURION PKWY. NORTH, SUITE 190
JACKSONVILLE FL 32256**

Mailing Address

**PO BOX 16068
JACKSONVILLE FL 32245**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002.

City & State

City & State

4. FEI Number

59-3343811

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

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 10161 CENTURION PKWY. NORTH, SUITE 190
CITY-ST-ZIP JACKSONVILLE FL 32256**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/8/02

Date

904-998-8300

Daytime Phone #

CR2E003 (9/01)