

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000293

1. Entity Name

SAN PABLO COURT PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29

Principal Place of Business

7751 BELFORT PARKWAY, SUITE 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

3. Mailing Address

10161 Centurion Pkwy North

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville FL

Zip

32256

Country

US

Suite, Apt. #, etc.

Suite 190

City & State

Jacksonville FL

Zip

32256

Country

US

4. FEI Number

59-3358469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BERT C  
1660 PRUDENTIAL DRIVE, SUITE 203  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

\$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

DOCUMENT # P95000066598  
NAME SAN PABLO COURT, INC.  
STREET ADDRESS 7751 BELFORT PARKWAY, SUITE 350  
CITY - ST - ZIP JACKSONVILLE FL 32256

13. ADDRESS CHANGES ONLY

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 #