

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A96000000293**

1. Entity Name

**SAN PABLO COURT PARTNERS, LTD.**

Principal Place of Business

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

Mailing Address

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

**FILED**

**01 JUL 16 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**615 Hwy A-1-A  
P.O. Box 805 No**

Suite, Apt. #, etc.

**P.O. Box 805**

City & State

**Ponte Vedra, FL**

City & State

**Ponte Vedra FL**

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**

**1600 PRUDENTIAL DRIVE, SUITE 203  
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

**Patterson, Bond & Latschaw P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**3010 So 3rd Street**

City

**Jacksonville**

**Ponte Vedra Beach FL**

Zip Code

**32250**

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

*Simon R. Simon*

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

**10161 CENTURION PKWY. NORTH, STE. 190-**

CITY-ST-ZIP

**JACKSONVILLE FL 32256**

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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:

*Simon R. Simon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*7/24/01*

Date

*904-285-3909*

Daytime Phone #

CR2E003 (11/00)