

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000293**

1. Entity Name

SAN PABLO COURT PARTNERS, LTD.

Principal Place of Business

**613 HWY A-1-A NO
PONTE VEDRA FL 32082**

Mailing Address

**P.O. BOX 805
PONTE VEDRA FL 32004**

2. Principal Place of Business

3. Mailing Address

3010 S. Third Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach, FL

Zip

Country

32250

Duval

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

7. Name and Address of New Registered Agent

**PATTERSON, BOND & LATSHAW P.A.
3010 SO 3RD STREET
JACKSONVILLE FL 32250**

Name

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

City

FL

Zip Code

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 # **P95000066598**
NAME **SAN PABLO COURT, INC.**
STREET ADDRESS **P.O. BOX 805**
CITY-ST-ZIP **PONTE VEDRA FL 32004**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/2002

(904) 285-3909

Date

Daytime Phone #

APPROVED
AND
FILED

02 MAY 31 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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AT

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