

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018048 AF

DOCUMENT # **A96000000701**

1. Entity Name

**FAISON-JUPITER FARMS LIMITED PARTNERSHIP**

**FILED**

**01 APR 27 PM 12:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**121 W. TRADE ST. SUITE 2550  
CHARLOTTE NC 28202**

Mailing Address

**121 W. TRADE ST. SUITE 2550  
CHARLOTTE NC 28202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-1978287**

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

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

Name

**CT Corporation System**

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

**1200 South Pine Island Road**

City

**Plantation**

**FL**

Zip Code

**33324**

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

*(Change form already filed.)*

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1.00**

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 # **B96000000120**  
NAME **FCD-JUPITER FARMS LIMITED PARTNERSHIP**  
STREET ADDRESS **121 W. TRADE ST., SUITE 2550**  
CITY-ST-ZIP **CHARLOTTE NC 28202-5399**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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**100004213651--4**

**-05/14/01--01012--006**

**\*\*\*\*141.25 \*\*\*\*141.25**

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

By: **FCD-JUPITER FARMS LIMITED PARTNERSHIP**

By: **Faison Capital Development, LLC**

SIGNATURE:

By: **Nancy L. Farmer, Ass. Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**NANCY L. FARMER**

**4-6-01**

**704-972-2500**

Date

Daytime Phone #

CR2E003 (11/00)