

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000798**

1. Entity Name

EP PROPERTIES OF DUVAL COUNTY LIMITED PARTNERSHI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1301 RIVERPLACE BLVD., SUITE 2330
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD., SUITE 2330
JACKSONVILLE FL 32207-9022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3371043**

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

WEBER, SYLVIA
1301 RIVERPLACE BLVD., SUITE 2340
JACKSONVILLE FL 32207

Name
Weber, Sylvia
Street Address (P.O. Box Number is Not Acceptable)
3683 Crown Point Road
City **Jacksonville** **FL** Zip Code **32257-5956**

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 *Sylvia D. Weber*

Sylvia Weber

4/11/00

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. **\$945,000.00**

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 # **P95000094078**
NAME **EP PROPERTIES OF JACKSONVILLE, INC.**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 2330**
CITY - ST - ZIP **JACKSONVILLE FL 32207**

STREET ADDRESS
CITY - ST - ZIP
6000003229166--2
-04/28/00--01034--020
*******526.25 *****526.25**

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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:

Ladson F. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ladson F. Montgomery

4/11/00

Date

Daytime Phone #

CR2E003 (9/99)