

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001622

1. Entity Name

CHESHIRE CAPITAL PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 PM 2:11

Principal Place of Business

6424 BEACH BLVD.
JACKSONVILLE FL 32216

Mailing Address

6424 BEACH BLVD.
JACKSONVILLE FL 32216-2813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3400840

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

CHESHIRE, CHRISTOPHER P

6424 BEACH BLVD.

JACKSONVILLE FL 32216

Name

Intrastate Registered Agent Corporation

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

701 Brickell Avenue, Suite 3000

City

Miami

FL

Zip Code
33131

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

Leonard A. Sella

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

9. Capital Contributions
as Shown on record.

\$425,000.00

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 # P96000088450
NAME CHESHIRE CAPITAL, INC.
STREET ADDRESS 6424 BEACH BLVD.
CITY - ST - ZIP JACKSONVILLE FL 32216

STREET ADDRESS

CITY - ST - ZIP

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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:

Christopher P. Cheshire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/21/00 (904) 7240303
Date Daytime Phone #