

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MJH
0006428 AT

DOCUMENT # A96000002477

1. Entity Name
SKINNER ST. JOHNS COUNTY, LTD.



FILED
03 MAY -6 PM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
6803 OLD KINGS ROAD SOUTH
JACKSONVILLE FL 32217

Mailing Address
6803 OLD KINGS ROAD SOUTH
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3416983

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

HOLBROOK, H. LEON
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$527,637.50

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #
NAME SKINNER, A. CHESTER III
STREET ADDRESS 6803 OLD KINGS ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32217

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME FORREST SKINNER, CHRISTOPHER
STREET ADDRESS 6803 OLD KINGS ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32217

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME SKINNER, DAVID GODFREY
STREET ADDRESS 6803 OLD KINGS ROAD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32217

STREET ADDRESS

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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:

David G. Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David G. Skinner

Date

Daytime Phone #

April 28, 2003 904-731-4818

CR2E003 (10/02)

STATE CHECK HERE