

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001793**

1. Entity Name

THE WILLIAMS LIMITED PARTNERSHIP

Principal Place of Business

~~6034 RICHARDS STREET~~ **5955 Philips Hwy**
JACKSONVILLE FL 32216

Mailing Address

~~6034 RICHARDS STREET~~ **5955 Philips Hwy**
JACKSONVILLE FL 32216-5927

2. Principal Place of Business

5955 Philips Hwy
Suite, Apt. #, etc.
Jacksonville FL
City & State

3. Mailing Address

5955 Philips Hwy
Suite, Apt. #, etc.
Jacksonville FL
City & State

Zip
32216

Country
USA

Zip
32216

Country
USA

4. FEI Number **59-3465636**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

D.D. WILLIAMS, INC.
~~6034 RICHARDS STREET~~ **5955 Philips Hwy.**
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

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.

SIGNATURE

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. **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **60**

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 # **G56898**
NAME **D.D. WILLIAMS, INC.**
STREET ADDRESS ~~6034 RICHARDS STREET~~ **5955 Philips Hwy.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **5955 Philips Hwy.**
CITY - ST - ZIP **Jacksonville FL 32216**

STREET ADDRESS
CITY - ST - ZIP **600003359796--8**
-08/17/00--01001--002
******141.25 ****141.25**

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/2/00 **904-733-5194**
Date Daytime Phone #

396-4169

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)