2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002082

1. Entity Name

VAULT - DOCTORS INLET, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business	Mailing Address
% JAB INVESTMENTS. INC. 1301 RIVERPLACE BLVD.. SUITE 2552 JACKONVILLE FL 32207	% JAB INVESTMENTS. INC. 1301 RIVERPLACE BLVD.. SUITE 2552 JACKONVILLE FL 32207-9031

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6950 Philips Highway	6950 Philips Highway
Suite, Apt. #, etc.: Suite 6	Suite, Apt. #, etc.: Suite 6
City & State: Jacksonville Florida	City & State: Jacksonville, Florida
Zip: 32216 Country: Duval	Zip: 32216 Country: Duval

4. FEI Number 59-3470688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, LAURA HENRY
1301 RIVERPLACE BLVD., SUITE 2552
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6950 Philips Highway
Suite 6

City: Jacksonville **FL** Zip Code: 32216

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record:	10. Amount of Capital Contributions in FLORIDA to date:	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$655,875.00		

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 #	P95000003438	STREET ADDRESS	6950 Philips Highway Suite 6
NAME	JAB INVESTMENT, INC.	CITY-ST-ZIP	Jacksonville, Florida 32216
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 2552		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900003264729--0
NAME		CITY-ST-ZIP	-05/24/00--01021--018
STREET ADDRESS			****437.50 ****437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900003264729--0
NAME		CITY-ST-ZIP	-05/24/00--01021--019
STREET ADDRESS			*****88.75 *****88.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CE25003 (9/99)

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 John J Allen 3/20/00 904-391-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #