

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002531

1. Entity Name
ACP-JRL PARTNERSHIP, LTD.

FILED
00 APR -6 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 EAST PINE STREET, SUITE 701
ORLANDO FL 32801

Mailing Address
701 BRICKELL AVENUE, #3000
MIAMI FL 33131-2847



2. Principal Place of Business
512 E. Washington St.
Suite, Apt. #, etc.
Suite 200
City & State
Orlando, FL
Zip
32801
Country
Orange

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3483899 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
INTRASTATE REGISTERED AGENT CORP., INC.
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

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. \$22,000,000.00 **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 #	P97000099054	STREET ADDRESS	
NAME	LAURICH, INC. 512 E. Washington St.	CITY - ST - ZIP	
STREET ADDRESS	201 EAST PINE STREET, SUITE 701 Ste. 200		
CITY - ST - ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	300003217729--8
NAME		CITY - ST - ZIP	-04/20/00--01113--019
STREET ADDRESS			***526.25 ***526.25
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NAME		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** _____ **Date** _____ **Daytime Phone #** _____

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