2000 UNIFORM BUSINESS REPORT (UBR)

A97000002560 DOCUMENT # 1.; Entity Name

VESTCOR FUND XII, LTD.

Principal Place of Business 3030 HARTLEY ROAD. SUITE 100 JACKSONVILLE FL 32257

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257-8207

3020 Hartley Road

DIVISION OF CORPORATIONS

00 FEB 29 PM 1: 18



X

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3020 Hartley Road

Suite, Apt. #, etc. 300

32257

City & State Jacksonville, Florida Zip

United States

City & State Jacksonville, Florida

6. Name and Address of Current Registered Agent

32257

300

Country United States

Name

4. FEI Number

59-3479521

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

VESTCOR PARTNERS XII, INC. 3030 HARTLEY ROAD, SUITE 100

JACKSONVILLE FL 32257

Street Address (P.O. Box Number is Not Acceptable) 3020 Hartley Road, Suite 300

City Jacksonville

(NOTE: Registered Agent signature required when reinstating)

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, typed or printed name of registered agent and title if applicable 9. Capital Contributions as Shown on record.

STREET ADDRESS

CITY-ST-7IP

\$5,779,000.00

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 # NAME	P97000100242 VESTCOR PARTNERS XII, INC.	STREET ADDRESS	3020 Hartley Road, Suite 300
STREET ADDRESS CITY-ST-ZIP	3030 HARTLEY ROAD, SUITE 100 JACKSONVILLE FL 32257	CITY-ST-ZIP	Jackscowille,Florida 32257
DOCUMENT# NAME	BC	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	8000031611 -03/07/00010
DOCUMENT#	2/24/00	STREET ADDRESS	****535.00 **
STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
DOCUMENT# NAME		STREET ADDRESS	
STREET ADDRESS CITY - ST - ZIP		CITY-ST-ZIP	
DOCUMENT#		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	, · ·	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	

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 empewered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING GENE KILSTON K. POCKOTTO, VICE President

CR2E003 (9/99)