

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002560**

1. Entity Name
VESTCOR FUND XII, LTD.

FILED

02 FEB 18 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**

Mailing Address
**3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

MDN DUE BY MAY 1, 2002

4. FEI Number **59-3479521**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VESTCOR PARTNERS XII, INC.
3020 HARTLEY ROAD, SUITE 300
JACKSONVILLE FL 32257**

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 *Stephen A. Frick*
Signature, typed or printed name of registered agent and title if applicable.

2-8-02
DATE

9. Capital Contributions as Shown on record. **\$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

DOCUMENT # **P97000100242**
NAME **VESTCOR PARTNERS XII, INC.**
STREET ADDRESS **3020 HARTLEY ROAD, SUITE 300**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
700005022017-0
-02/26/02--01078--018
******535.00 ****535.00**

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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: *Stephen A. Frick* **Stephen A. Frick** **2-8-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)