Applied For

Not Applicable

ູ 2002 UNIFORM BUSINESS REPORT (UBR) 🦠

DOCUMENT# 1. Entity Name

A97000002561

VESTCOR FUND XIII, LTD.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257

FILED 02 FEB -4 AM 9: 35 SECRELARY OF STATE TALLAHASSEE, FLORIDA

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DUE BY MAY 1, 2002

59-3479517

4. FEI Number

Zip		Country	Zip	Cour	ntry	5. Certificate of	f Status Desired		8./5 Additional se Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
VESTCOR PARTNERS XIII, 4NIC. LUC					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
3020 HARTLEY ROAD, SUITE 300									· · · · · · · · · · · · · · · · · · ·	
JACKSONVILLE FL 32257					<u> </u>					
					City FL Zip Code					
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or regis	tered agent, or both	, in the State of Florida			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.										
Capital Contributions as Shown on record. Signature, typed of printed traine or registered agent and line in applications. 10. Amount of Capital Contributions in FLORIDA to date					butions		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 CHANG	ES ONLY		
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NAME	VESTCOR PARTNERS XIII, INC. 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257					***	والمائل الإلى والماري والمائل والمعامر وورد	-4	رسی رسی و	
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14. I hereby of indicated	on this repo	rt is true and accurate and t	this filing does not qualify for hat my signature shall have report as required by Chap	tne sam	ie iegai eπect as i	Section 119.07(3)(i), if made under oath;	, Florida Statutes. I furt that I am a General Pa	her certif rtner of th	y that the information ne limited partnership or	

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Description Printed Name OF SIGNING GENERAL PARTNER

Date

Description Printed Name OF SIGNING GENERAL PARTNER