

2000 UNIFORM BUSINESS REPORT (UBR)

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JF

DOCUMENT # A97000002752

1. Entity Name
FLA #1762, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 2 AM 10:45

Principal Place of Business
% RAMSEY DEVELOPMENT, INC.
6950 PHILLIPS HWY, SUITE 28
JACKSONVILLE FL 32216

Mailing Address
% RAMSEY DEVELOPMENT, INC.
6950 PHILLIPS HWY, SUITE 28
JACKSONVILLE FL 32216-6086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

4. FEI Number 59-3480557
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MICKLER, ROBERT O ESQ.
ONE INDEPENDENT DRIVE, SUITE 3000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name Randal C. Fairbanks
Street Address (P.O. Box Number is Not Acceptable)
217 Ponte Vedra Park Drive, Suite 200
City Ponte Vedra Beach FL Zip Code 32082

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 *Randal C. Fairbanks*
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. \$1,000.00
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 #	P97000106253	STREET ADDRESS	700003283607--7
NAME	THE WILCOX GROUP, INC.	CITY - ST - ZIP	06/03/00 01109 011 ****141.25 ****141.25
STREET ADDRESS	6950 PHILLIPS HWY, SUITE 28		
CITY - ST - ZIP	JACKSONVILLE FL 32216		
DOCUMENT #		STREET ADDRESS	
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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
4/25/00
904-332-6900
Date Daytime Phone #