

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A97000002752**

1. Entity Name  
**FLA #1762, LTD.**



FILED

03 APR 25 PM 4:16

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3480557**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRBANKS, RANDAL C  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082**

Name

**Keith B. Dermond**

Street Address (P.O. Box Number is Not Acceptable)

**c/o Ramsey Development, Inc.**

**6950 Philips Hwy, Suite 28**

City

**Jacksonville**

FL

Zip Code

**32216**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Keith B. Dermond**

**4/15/03**

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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**  
NAME **THE WILCOX GROUP, INC.**  
STREET ADDRESS **6950 PHILLIPS HWY. SUITE 28**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS

CITY-ST-ZIP

**6950 PHILLIPS HWY SUITE 28  
04/25/03--01011--020 \*\*988.75**

DOCUMENT #  
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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:

**Keith B. Dermond**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/15/03**

Date

**904-332-6900**

Daytime Phone #

CR2E003 (10/02)

0006351 AT