

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002754

1. Entity Name

FLA #1763, LTD.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480559

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

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.

\$1,000.00

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

STREET ADDRESS

CITY - ST - ZIP

1000003283611-5

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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:

*Randal C. Fairbanks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00

Date

904-332-6900

Daytime Phone #

CF E-001 (9/93)