

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002754

1. Entity Name
FLA #1763, LTD.



FILED

03 APR 25 PM 4:15

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.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3480559

Applied For

Not Applicable

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 Keth B. Dermond
Street Address (P.O. Box Number is Not Acceptable)
C/o Ramsey Development, Inc.
6950 Phillips 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

Keth 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

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:

Keth B. Dermond Sec/Treas.

4/15/03

904-332-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)