

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002757**

1. Entity Name

FLA #1772, LTD.

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, 2002

4. FEI Number

59-3480565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

SIGNATURE

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 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

DOCUMENT # **P97000106253**
NAME **THE WILCOX GROUP, INC.**
STREET ADDRESS **6950 PHILLIPS HWY. SUITE 28**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200005349822--4

-04/25/02--01078--019

****988.75 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/5/02

904-332-6900

Date

Daytime Phone #

CR2E003 (9/01)