

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002758

1. Entity Name  
FLA #1776, 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 32216-6086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2358232

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

MICKLER, ROBERT O ESQ.  
ONE INDEPENDENT DRIVE, SUITE 3000  
JACKSONVILLE FL 32202

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

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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:

*KATHA B. DEMOND*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00

Date

904-332-6900

Daytime Phone #



DO NOT WRITE IN THIS SPACE