

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000108**

1. Entity Name

HGL PROPERTIES L.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:17

Principal Place of Business

**6602 EXECUTIVE PARK COURT NORTH, SUITE 207
JACKSONVILLE FL 32216**

Mailing Address

**6602 EXECUTIVE PARK COURT NORTH, SUITE 207
JACKSONVILLE FL 32216-6068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8120 NATIONS WAY
Suite, Apt. #, etc.
202**

3. Mailing Address

**8120 NATIONS WAY
Suite, Apt. #, etc.
202**

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

4. FEI Number

59-3500487

Applied For

Not Applicable

Zip

32256

Country

FLA

Zip

32256

Country

FLA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HGL PROPERTIES G.P., INC.
6602 EXECUTIVE PARK COURT NORTH, SUITE 207
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

\$2,100,000.00

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 # **P98000002697**
NAME **HGL PROPERTIES G.P., INC.**
STREET ADDRESS **6602 EXECUTIVE PARK COURT NORTH, SUITE 207**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

8120 NATIONS WAY, Ste #

CITY - ST - ZIP

JACKSONVILLE, FLA. 32256

STREET ADDRESS

CITY - ST - ZIP

inf 2/24/00

STREET ADDRESS

CITY - ST - ZIP

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******526.25 ****526.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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:

James P Smith Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/27/00

Daytime Phone #

904-296-3444

CR2E003 (9/99)