

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000247**

1. Entity Name

**BLANDING BLVD. (JACKSONVILLE) PIP, LTD.**

FILED

00 MAY 10 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business - C/O AVANTI PROPERTIES GROUP, J.V.  
431 E. HORATIO AVENUE, SUITE 210  
MAITLAND FL 32751

Mailing Address C/O AVANTI PROPERTIES GROUP, J.V.  
431 E. HORATIO AVENUE, SUITE 210  
MAITLAND FL 32751-4560

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

59-349 0439

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AVANTI PROPERTIES GROUP J.V.  
431 E. HORATIO AVENUE, SUITE 210  
MAITLAND FL 32751

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.

\$4,624,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # G91226900034  
NAME AVANTI PROPERTIES GROUP, J.V.  
STREET ADDRESS 431 EAST HORATIO AVENUE, SUITE 210  
CITY - ST - ZIP MAITLAND FL 32751

STREET ADDRESS

CITY - ST - ZIP

7000003289657--6  
-06/14/00--01078--026  
\*\*\*526.75 \*\*\*526.75

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438.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Deborah A. Sherman*

4/7/00

407-6288493