

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001463 AF

DOCUMENT # **A98000000498**

1. Entity Name

11737 CENTRAL PARKWAY, LTD.

01 MAY -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~209 OAK POINT LANE~~ 11737 Central Parkway
~~PONTE VEDRA BEACH FL 32082~~ Suite A
JACKSONVILLE, FL 32224

209 Oak Point Lane
Ponte Vedra Beach, FL
32082



2. Principal Place of Business

3. Mailing Address

11737 Central Parkway
Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE

Zip

Country

Zip

Country

FL 32224

4. FEI Number

59-3551239

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

SIMON, BERT C ESQ.

C/O GARTNER, BROCK & SIMON

1660 PRUDENTIAL DRIVE, SUITE 203

JACKSONVILLE FL 32207

Name

Paul C. Porter

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

209 Oak Point Lane

Ponte Vedra Beach

City

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

Paul C. Porter

President

1-15-01

(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.

\$196,000.00

10. Amount of Capital Contributions in FLORIDA to date.

49,022

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 # P98000017638
NAME 11737 CENTRAL PARKWAY, INC.
STREET ADDRESS 209 OAK POINT LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Paul C. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-01

Date

904-996-7700

Daytime Phone #

CR2E003 (11/00)