

2001 UNIFORM BUSINESS REPORT (UBR)

0012371 AF

DOCUMENT # A98000001644

1. Entity Name

J.E.D. FAMILY LIMITED PARTNERSHIP

Principal Place of Business

101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE FL 32092

Mailing Address

101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE FL 32092

FILED

01 MAY 11 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3523163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, JAMES E JR.
101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE FL 32092

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.

\$20,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$2,708,774

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
DAVIDSON, JAMES E JR.
101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE FL 32092

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
DAVIDSON, SHARON P
101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE FL 32092

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
9000004419509--8
-06/14/01--01045--005

STREET ADDRESS
CITY - ST - ZIP
***526.25 ***526.25

STREET ADDRESS
CITY - ST - ZIP

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:

Sharon P. Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Sharon P. Davidson

4/16/01

Date

9049405050

Daytime Phone #

CR2E003 (11/00)