

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000145**

1. Entity Name
SEASIDE JOINT VENTURE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02

cmf



Principal Place of Business
**C/O CRISP & HARRISON AGENCY
9550 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225**

Mailing Address
**C/O CRISP & HARRISON AGENCY
9550 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3556757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOND, C. GUY
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$100.00**

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 # **V22349**
NAME **W.R. HOWELL COMPANY**
STREET ADDRESS **P.O. BOX 60, ORTEGA STATION**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

DOCUMENT # **S39977**
NAME **CRISP BROTHERS, INC.**
STREET ADDRESS **9550 REGENCY SQUARE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS **300003359863--9**
CITY-ST-ZIP **-08/17/00--01001--012**
*******541.25 *****541.25**

STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED W. CRISP** **7-31-00** **904-721-9112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)