

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000145**

1. Entity Name

SEASIDE JOINT VENTURE, LTD.

FILED

02 JAN 16 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY-1, 2002

4. FEI Number

59-3556757

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

BOND, C. GUY

3010 SOUTH THIRD STREET

JACKSONVILLE BEACH FL 32250

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

DATE

9. Capital Contributions

\$100.00

as Shown on record

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 OF REGISTERED AGENT
DARRYL W. CRISP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-14-02 904 721-9112

CR2E003 (9/01)