

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0005484  
A1

DOCUMENT # A99000000214

1. Entity Name

COOKSEY FAMILY LIMITED PARTNERSHIP

02 MAR 13 PM 3:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O WALKER & FAIRBANKS, P.A.  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082

Mailing Address

POST OFFICE BOX 676  
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

11908 MANDARIN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3555147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE, SUITE 200  
PONTE VEDRA BEACH FL 32082

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.

DATE

9. Capital Contributions  
as Shown on record.

\$764,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1764,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COOKSEY, J. BRYAN JR.  
11908 MANDARIN ROAD  
JACKSONVILLE FL 32223

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COOKSEY, JANE  
11908 MANDARIN ROAD  
JACKSONVILLE FL 32223

STREET ADDRESS  
CITY-ST-ZIP

100005135121--0  
-03/19/02--01070--021  
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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 #

CR2E003 (9/01)