

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011859 AF

DOCUMENT # **A99000000248**

1. Entity Name

**SOFRAN CRYSTAL RIVER LIMITED PARTNERSHIP**

**FILED**

*ng*

Principal Place of Business

**808 THIRD STREET, SUITE C  
NEPTUNE BEACH FL 32266**

Mailing Address

**808 THIRD STREET, SUITE C  
NEPTUNE BEACH FL 32266**

**01 MAR 19 AM 7:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**245 Peachtree Center Ave, NE**

Suite, Apt. #, etc.

**Suite 2800**

City & State

**Atlanta, GA**

Zip

**30303-1227**

Country

**USA**

4. FEI Number

**59-3569990**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name  
**Robert Rouleau**

Street Address (P.O. Box Number is Not Acceptable)  
**808 Third Street, Suite C**

City  
**Neptune Beach**

FL

Zip Code  
**32266**

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 **Robert Rouleau**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

**3/13/01**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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 # **P00441**  
NAME **THE SOFRAN CORPORATION**  
STREET ADDRESS **245 PEACHTREE CENTER AVE., N.E., #2800**  
CITY-ST-ZIP **ATLANTA GA 30303**

13. ADDRESS CHANGES ONLY

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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

**The Sofran Corporation**

SIGNATURE:

By **SIGNATURE REQUIRED**

**3/13/01**

**904-241-5104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Robert Rouleau**

Date

Daytime Phone #

CR2E003 (11/00)