

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

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AT

DOCUMENT # A99000000628

1. Entity Name

J.P. PERRY JR. FAMILY PARTNERSHIP, LTD.

02 APR 12 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O WALKER, KOEGLER & DILLINGHAM, P.A.
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH FL 32082

Mailing Address
P.O. BOX 676
PONTE VEDRA BEACH FL 32004



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 59-3570766 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

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

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

9. Capital Contributions as Shown on record. \$568,100.00 10. Amount of Capital Contributions in FLORIDA to date. 568,100.00 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	PERRY, J.P. JR. 3342 KORI ROAD JACKSONVILLE FL 32257	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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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 #

4-3-02 904-268-7310

CR2E003 (9/01)