

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000965**

1. Entity Name

**UNDERWOOD PARTNERS, LTD.**

Principal Place of Business

**ONE INDEPENDENT DRIVE, SUITE 2210  
JACKSONVILLE FL 32201**

Mailing Address

**ONE INDEPENDENT DRIVE, SUITE 2210  
JACKSONVILLE FL 32202-5015**

**FILED**

**00 MAY -2 PM 4: 20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2970 PEACHTREE ROAD**

3. Mailing Address

**2970 PEACHTREE ROAD**

Suite, Apt. #, etc.

**SUITE 500**

Suite, Apt. #, etc.

**SUITE 500**

City & State

**ATLANTA, GA**

City & State

**ATLANTA, GA**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**30305**

Country

**USA**

Zip

**30305**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHEU, WILLIAM E ESO.  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE FL 32207**

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.

(NOTE: Registered Agent signature required when reinstating)

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 # **F99000003157**  
NAME **GREAT BEAR INVESTMENT COMPANY**  
STREET ADDRESS **2970 PEACHTREE ROAD, SUITE 300 500**  
CITY - ST - ZIP **ATLANTA GA 30305**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2970 PEACHTREE ROAD SUITE 500**

CITY - ST - ZIP

STREET ADDRESS

**8000003288808--5**

CITY - ST - ZIP

**-08/14/00--01065--016**

**\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT #  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/25/00**

Date

Daytime Phone #

CR2E003 (9/99)