

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006496  
AT

DOCUMENT # **A99000000985**

1. Entity Name

**YUCO INVESTMENTS, LTD.**

FILED

02 APR 26 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

Principal Place of Business

**500 ACL ROAD 385 SW Arlington Blvd**  
LAKE CITY FL 32025

Mailing Address

**500 ACL ROAD 385 SW Arlington Blvd**  
LAKE CITY FL 32025

2. Principal Place of Business

**385 SW Arlington Blvd**

3. Mailing Address

**385 SW Arlington Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3580509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, C. RANDOLPH**  
**9250 BAYMEADOWS ROAD, SUITE 230**  
**JACKSONVILLE FL 32256**

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.

**\$8,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**COLEMAN, ALLEN D**  
**500 ACL ROAD**  
**LAKE CITY FL 32025**

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

**385 SW Arlington Blvd**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**500005450615--4**  
**-05/03/02--01075--031**  
**\*\*\*\*\*144.75 \*\*\*\*\*144.75**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

CR2E003 (9/01)

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

**4/23/02 386-755-5698**

Date

Daytime Phone #