

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT 6899 A-

DOCUMENT # **A99000001498**

1. Entity Name
SEGOVIA VENTURES, LTD

AND FILED

00 APR -5 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/19

Principal Place of Business 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217	Mailing Address 3733 W. UNIVERSITY BLVD STE 115-A JACKSONVILLE FL 32217-2109
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3598697** 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

SCHNEIDER, MICHAEL N
4215 SOUTHPPOINT BLVD
STE 100
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name **Michael N. Schneider**
Street Address (P.O. Box Number is Not Acceptable) **5150 Belfort Road**
Building 100
City **Jacksonville** FL Zip Code **32256**

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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$/00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	ANSBACHER, JORDAN	STREET ADDRESS	900003217179--5 -04/21/00--01001--020 ****141.25 ****141.25
NAME	3733 W. UNIVERSITY BLVD., STE 100 115A	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #	ANSBACHER, SHIRLEY	STREET ADDRESS	
NAME	3733 W. UNIVERSITY BLVD., STE 100 115A	CITY-ST-ZIP	
STREET ADDRESS	JACKSONVILLE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* DATE **2/11/00** DAYTIME PHONE # **733-1202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)