

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001498

1. Entity Name

SEGOVIA VENTURES, LTD

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

00 APR -5 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3598897

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

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

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, 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.

\$5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$100

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: ANSBACHER, JORDAN  
STREET ADDRESS: 3733 W. UNIVERSITY BLVD., STE 115A  
CITY - ST - ZIP: JACKSONVILLE FL

STREET ADDRESS  
CITY - ST - ZIP  
900003217179--5  
-04/21/00--01001--020  
\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME: ANSBACHER, SHIRLEY  
STREET ADDRESS: 3733 W. UNIVERSITY BLVD., STE 115A  
CITY - ST - ZIP: JACKSONVILLE FL

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)