


# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A99000001493**

1. Entity Name  
**SEGOVIA VENTURES, LTD**

**FILED**  
01 FEB 27 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address

**3733 W. UNIVERSITY BLVD**      **3733 W. UNIVERSITY BLVD**  
**STE 115-A**      **STE 115-A**  
**JACKSONVILLE FL 32217**      **JACKSONVILLE FL 32217**

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 **59-3598897**      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**  
**5150 BELFORT ROAD**  
**BUILDING 100**  
**JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name **JORDAN ANSBACHER**  
Street Address (P.O. Box Number is Not Acceptable) **3733 W. UNIVERSITY BLVD #115A**  
City **JACKSONVILLE FL**      Zip Code **32217**

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.

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	<b>ANSBACHER, JORDAN</b> <b>3733 W. UNIVERSITY BLVD., STE 115A</b> <b>JACKSONVILLE FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ANSBACHER, SHIRLEY</b> <b>3733 W. UNIVERSITY BLVD., STE 115A</b> <b>JACKSONVILLE FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>000003801660--6</b> <b>-03/05/01--01017--003</b> <b>***141.25 ***141.25</b>
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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: *Jordan Ansbacher*      2/14/01 (904) 733-1202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)