

2001 UNIFORM BUSINESS REPORT (UBR)

000067 AF

DOCUMENT # **A99000001493**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 **000003801660--6
-03/05/01--01017--003
****141.25 ****141.25**

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

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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:

Jordan Ansbacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/01 (904) 733-1202
Date Daytime Phone #

FILED

01 FEB 27 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)