

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001537**

1. Entity Name
NIXON INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -5 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1177 BAYSHORE DRIVE #103
FT. PIERCE FL 34949

Mailing Address
1177 BAYSHORE DRIVE #103
FT. PIERCE FL 34949-3089

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **Applied For** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARRIS, CHARLES E
817 BEACHLAND BLVD.
VERO BEACH FL 32963

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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$2,000,000.00**

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 # **435584**
NAME **JOHN F. NIXON CONSTRUCTION, CO.**
STREET ADDRESS **1177 BAYSHORE DRIVE, #103**
CITY-ST-ZIP **FT. PIERCE FL 34949**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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: **John F. Nixon** **JOHN F. NIXON**

SIGNATURE REQUIRED

4-1-00 561-461-6824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 19/99