

2001 UNIFORM BUSINESS REPORT (UBR)

0000429 AF

DOCUMENT # **A99000001685**

1. Entity Name

SANDIFER PARTNERSHIP, LTD.

FILED

01 APR 24 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2145 DENNIS STREET
JACKSONVILLE FL 32203**

Mailing Address

**2145 DENNIS STREET
JACKSONVILLE FL 32203**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3603382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANDIFER, NORWOOD H
2145 DENNIS STREET
JACKSONVILLE FL 32203**

7. Name and Address of New Registered Agent

Name

Michael A. Sandifer

Street Address (P.O. Box Number is Not Acceptable)

2145 Dennis Street

City

Jacksonville

FL

Zip Code
32203

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.

\$4,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,650,000

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 # **P99000087683**
NAME **SANDIFER ENTERPRISES, INC.**
STREET ADDRESS **2145 DENNIS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32203**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200004162872--6
-05/08/01--01110--001

STREET ADDRESS

CITY-ST-ZIP

******526.25 ****526.25**

DOCUMENT #
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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 (11/00)