

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A99000002253

1. Entity Name

EXUM PARTNERS, L.P.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

c/o George W. Hillegass  
233 Peachtree Street, N.E.  
Suite 815  
Atlanta, GA 30303

Mailing Address

c/o George W. Hillegass  
233 Peachtree Street, N.E.  
Suite 815  
Atlanta, GA 30303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1727721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM B. HILLEGASS

6. Name and Address of New Registered Agent

Name

Bill Hillegass

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

427 North 3rd Street

City

Jacksonville Beach

FL

Zip Code

32250

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 date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

William J. Hillegass

4-28-00

9. Capital Contributions  
as Shown on record

0

10. Amount of Capital Contributions  
in FLORIDA to date

6,450,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000009305  
NAME EXUM, LLC  
STREET ADDRESS c/o George W. Hillegass 233 Peachtree St.  
CITY-ST-ZIP Atlanta, GA 30303 Suite 815

STREET ADDRESS

CITY-ST-ZIP

FF \$506.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

Helen M. Exum

3/8/00

404-586-0036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)