

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B00000000058

1. Entity Name

JACKSONVILLE FLEMING 501, LP

FILED

01 APR 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address

% CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2. Principal Place of Business
3585 HIGHWAY 17

3. Mailing Address
201 N. ILLINOIS ST. 23RD FL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
23RD FLOOR

City & State
ORANGE PARK, FL

City & State
INDIANAPOLIS, IN

4. FEI Number
35-2099867

Applied For
Not Applicable

Zip Country
32073 UNITED STATES

Zip Country
46204 UNITED STATES

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date. \$100.00

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 # F00000001147
NAME JACKSONVILLE FLEMING 501 MANAGEMENT, INC.
STREET ADDRESS 201 N. ILLINOIS STREET, 23RD FLOOR
CITY-ST-ZIP INDIANAPOLIS IN 46204

STREET ADDRESS

CITY-ST-ZIP

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: *Joyce A Bradley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/01
Date

317-237-2900
Daytime Phone #

CR2E003 (11/00)