

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000232

1. Entity Name

VESTCOR PARTNERS XXV-A, L.P.

Principal Place of Business

3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

Mailing Address

3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

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FILED

MAY - 1 PM 12: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3660043

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

VESTCOR PARTNERS XXV, LLC  
3020 HARTLEY ROAD, SUITE 300  
JACKSONVILLE FL 32257

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.)

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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 this form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

## 13.

## ADDRESS CHANGES ONLY

CR2E003 (11/00)

DOCUMENT #	L00000008927	STREET ADDRESS	
NAME	VESTCOR PARTNERS XXV, LLC	CITY-ST-ZIP	
STREET ADDRESS	3020 HARTLEY ROAD, SUITE 300		
CITY-ST-ZIP	JACKSONVILLE FL 32257		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			6000004227216
CITY-ST-ZIP			-05/22/01-01069-001
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			*****795.00 *****150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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.

Vestcor Partners XXV, LLC.

Its Sole Member:

*Bernard E. Smith*

SIGNATURE: *Bernard E. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/01

904 260 3030

Date

Daytime Phone #