

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017710 AF

DOCUMENT # **B95000000208**

1. Entity Name

**SOVRAN ACQUISITION LIMITED PARTNERSHIP**

Principal Place of Business

C/O INCORPORATING SERVICES, LTD.  
15 E. NORTH STREET  
DOVER DE 19901

Mailing Address

5166 MAIN STREET  
WILLIAMSVILLE NY 14221

**FILED**  
01 MAR 21 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6467 MAW ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BUFFALO NY

Zip

Country

Zip

14221

Country

U.S.

4. FEI Number

16-1481551

Applied For

Not Applicable

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.

\$130,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$130,000,000

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 # F95000002600  
NAME SOVRAN HOLDINGS, INC.  
STREET ADDRESS 5166 MAIN STREET  
CITY-ST-ZIP WILLIAMSVILLE NY 14221

STREET ADDRESS

6467 MAW ST.

CITY-ST-ZIP

BUFFALO NY 14221

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David L. Rogers 3/12/01

Date

Daytime Phone #

716-633-1850

CR2E003 (11/00)