

2000 UNIFORM BUSINESS REPORT (UBR)

2013188 A1

DOCUMENT # B98000000274

1. Entity Name

JACKSONVILLE-DEERWOOD, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business
FIVE PIEDMONT CENTER, SUITE 750
ATLANTA GA 30305

Mailing Address
C/O ADEVCO CORPORATION
3867 HOLCOMB BRIDGE ROAD, SUITE 800
NORCROSS GA 30092-2210

2. Principal Place of Business
8 Campus Drive
Suite, Apt. #, etc.
Arbor Circle So.
City & State
Parsippany N.J.
Zip
07054
Country
USA

3. Mailing Address
Thomas Smith Two Ravinia Dr.
Suite, Apt. #, etc.
Suite 1400
City & State
Atlanta GA
Zip
30346
Country
USA

4. FEI Number
58-2384135
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$7,500.00

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000002418	STREET ADDRESS	ONE Deerwood LLC Two Ravinia Dr Ste 1400
NAME	ADEVCO CORPORATION	CITY - ST - ZIP	Atlanta GA 30346
STREET ADDRESS	3867 HOLCOMB BRIDGE ROAD, #800		
CITY - ST - ZIP	NORCROSS GA 30092		
DOCUMENT #		STREET ADDRESS	3000003239893--2
NAME		CITY - ST - ZIP	-05/04/00--01084--019
STREET ADDRESS			****158.75 ****158.75
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

SIGNATURE: SIGNATURE REQUIRED for Jacksonville-Deerwood LP 3/28/00 770 395 8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #