

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020280 SP

DOCUMENT # B98000000274

1. Entity Name

JACKSONVILLE-DEERWOOD, L.P.

FILED

Principal Place of Business

8 CAMPUS DRIVE  
ARBOR CIRCLE SOUTH  
PURISPPANY NJ 07054

Mailing Address

THOMAS SMITH TWO RAVINIA DR.  
SUITE 1400  
ATLANTA GA 30346

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

10201 Centurion Pkwy North Suite, Apt. #, etc.

3. Mailing Address

8 Campus Drive Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Parsippany, NJ

4. FEI Number

58-2384135

Applied For

Not Applicable

Zip

Country

32256

USA

Zip

Country

07054

USA

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

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.

\$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

DOCUMENT # F98000002418  
NAME ADECO CORPORATION  
STREET ADDRESS 1 DEERWOOD DR./TWO RAVINIA DR., STE. 1400  
CITY-ST-ZIP ATLANTA GA 30346

13. ADDRESS CHANGES ONLY

STREET ADDRESS

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05/07/01 01010-027

\*\*\*\*\*52.50 \*\*\*\*\*52.50

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05/07/01 01010-028

\*\*\*\*\*88.75 \*\*\*\*\*88.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/01

Date

Daytime Phone #

CR2E003 (11/00)