CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L73723 1. Entity Name

Mailing Address

%JOHN D. ROOD

3. Mailing Address

City & State

ıξ'

Suite, Apt. #, etc.

3020 HARTLEY ROAD. STE. 300

JACKSONVILLE FL 32257

VESTCOR FINANCIAL ASSOCIATES IV, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Principal Place of Business

3020 HARTLEY ROAD, STE. 300

2. Principal Place of Business

FARRELL, MARK T.

JACKSONVILLE FL 32257

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

3020HARTLEY ROAD STE 300

%JOHN D. ROOD

JACKSONVILLE FL 32257

Suite, Apt. #, etc.

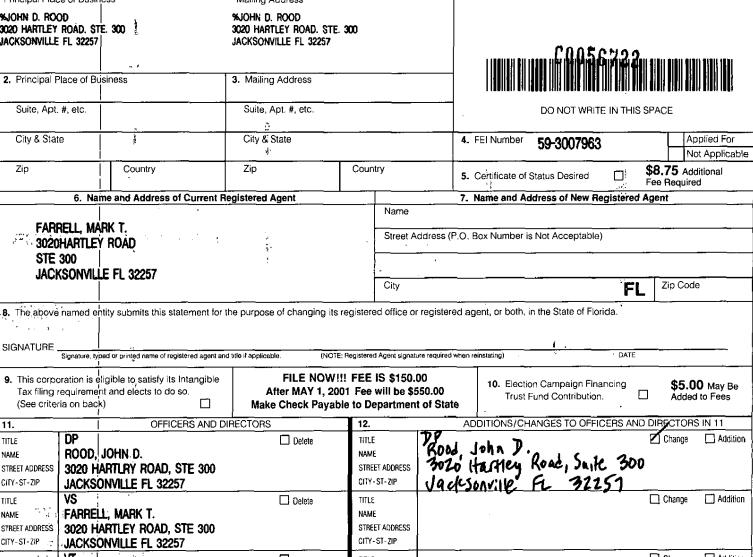
City & State

Zip

SIGNATURE

Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90399 029 ***150.00



(See crite	ria on bac	k)	Make Check Payable	to Departmen	t of State	ļ.		•		
11.		OFFICERS AND DIF	RECTORS	12.		DITIONS/C	HANGES TO O	FFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 H JACKS	JOHN D. ARTLRY ROAD, STE 300 Onville FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13026 H	Ioha D Fastley DAVILLE	Road, Si FL 3	nk 300 2251	Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 H	LL, MARK T. ARTLEY ROAD, STE 300 ONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3020 H	BERNARD ARTLEY ROAD, STE 300 ONVILLE FL 32257	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		题 以 (1)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A RE SE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Name

13. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NAME OF SIGNING OFFICER OR DIRECTOR

Bernard E. Smith

April 19, 2001

(904) 260-3030

Daytime Phone #