

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009414

1. Entity Name

VESTCOR EQUITIES, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

Principal Place of Business

3020 HARTLEY ROAD SUITE 300  
JACKSONVILLE FL 32257

Mailing Address

3020 HARTLEY ROAD SUITE 300  
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number

59-3618204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRELL, MARK T

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** NAME **Rood, John D.** ☐ Delete  
STREET ADDRESS 3020 Hartley Road, Ste 300  
CITY-ST-ZIP Jacksonville, FL 32257

TITLE ☐ Change ☐ Addition  
NAME **600003459046--7**  
STREET ADDRESS **-11/09/00--01082--002**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
☐ Change ☐ Addition

TITLE **MGR** NAME **Farrell, Mark T.** ☐ Delete  
STREET ADDRESS 3020 Hartley Road, Ste 300  
CITY-ST-ZIP Jacksonville, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR** NAME **Smith, Bernard E.** ☐ Delete  
STREET ADDRESS 3020 Hartley Road, Ste 300  
CITY-ST-ZIP Jacksonville, FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

Date

Daytime Phone #

9/6/00 904 260 3030

CR2E083 (5/00)