

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M99000000427**

1. Entity Name
NRI-VESTCOR SARASOTA II, L.L.C.

Principal Place of Business
**C/O VESTCOR ENTERPRISES, INC. EQUITIES, INC.
3020 HARTLEY ROAD STE 300
JACKSONVILLE, FL 32257**

Mailing Address
**C/O VESTCOR ENTERPRISES, INC. EQUITIES, INC.
3020 HARTLEY ROAD STE 300
JACKSONVILLE, FL 32257**

APPROVED
AND
FILED

01 APR 27 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3588739**

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

**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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**500004194845--1
-05/11/01--01014--012
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NATIONWIDE REALTY INVESTORS, LTD.
ONE NATIONWIDE PLAZA
COLUMBUS OH 43215** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VCP - SARASOTA, LTD.
3030 HARTLEY ROAD, SUITE 300
JACKSONVILLE FL 32257** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3020 HARTLEY ROAD STE 300
JACKSONVILLE, FL 32257** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

11. 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01

904-260-3030

Date

Daytime Phone #

0003184 AF

CR2E083 (11/00)