## 2001 UNIFORM BUSINESS REPORT (UBR

| <b>400</b>                                      | I ONIFORM BUSI  | NESS NEPU   | n I          | IODU                          | <u>'</u>  |   |                |   |                        |  |
|---|---|---|--------------|-------------------------------|---|---|----------------|---|------------------------|--|
| 1. Entity Nam                                   |   | 90113   |              |                               |   |   |                |   |                        |  |
| VESTCOR PARTNERS XXVI, INC.                     |   |   |              |                               |   | FILED   |                |   |                        |  |
| Principal Place of Business Mailing Address     |   |   |              |                               | OI JAN 22 PM 8: 50                                |   |                |   |                        |  |
| 3020 HARTLEY RD #300<br>JACKSONVILLE FL 32257   |   | 3020 HARTLEY RD #300<br>JACKSONVILLE FL 32257                                     |              |                               |   | SECRETARYIOF/STATE<br>TALLAHASSEE,≸FLORIDA                                |                |   |                        |  |
| 2. Principal P                                  | Place of Business   | 3. Mailing Address  |              |                               |   |   |                |   |                        |  |
| Suite, Apt. #, etc.                             |   | Suite, Apt. #, etc.   |              |                               |   | DO NOT WRITE IN THIS SPACE  |                |   |                        |  |
| City & State                                    |   | City & State  |              |                               | 4. 1  | 4. FEI Number Applied For   |                |   |                        |  |
| Zip Country                                     |   | Zip Country   |              | try                           | 59–367425   |   | <u>√ \$8</u>   | Not Applicable \$8.75 Additional          |                        |  |
|   | 6. Name and Address of Current R  | ·   |              | ,<br>                         |   | Certificate of Status Desired  Name and Address of New Regis              | Fee            | Require                                   |                        |  |
| o. Name and Address of Current Registered Agent |   |   |              | Name                          |   | value and Address of New Regis  | stered Age     | <u> </u>                                  |                        |  |
| 3020  | TH, BERNARD E<br>HARTLEY RD., #300<br>(SONVILLE FL 32257  |   |              | Street Ad-                    | treet Address (P.O. Box Number is Not Acceptable) |   |                |   |                        |  |
| <i>0.</i> 101                                   |   |   |              | City                          |   |   | FL             | Zip Cod                                   | le                     |  |
| 8. The above                                    | named entity submits this statement for   | the purpose of changing its r   | egister      | ed office or r                | egistered ag                                      | ent, or both, in the State of Florida                                     | 1.             |   |                        |  |
| SIGNATURE .                                     | Signature, typed or printed name of registered agent an   | nd title if applicable. (NOTE:  | Registere    | d Agent signature             | e required when re                                | einstating)   | DATE           |   |                        |  |
| 9. This corpo                                   | pration is eligible to satisfy its Intangible   | FILE NOW!!  |              |                               |   | <u> </u>  |                |   |                        |  |
| Tax filing                                      | requirement and elects to do so.  | After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of Sta |              |                               |   | Election Campaign Finance     Trust Fund Contribution.                    |                |   | 00 May Be<br>d to Fees |  |
| 11.   | OFFICERS AND D  |   | 12.          | - 1                           | AC  | DITIONS/CHANGES TO OFFICE   |                | RECTOR:                                   | S IN 11                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP           | ROOD, JOHN D<br>3020 HARTLEY RD., #300  | ☐ Delete  |              |                               |   |   |                | j Gliange                                 | Addition               |  |
| TITLE   | JACKSONVILLE FL 32257   | ☐ Delete  | TITL         |                               | –<br>VT   |   |                | ] Change                                  | Addition               |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           |   |   |              | E<br>EET ADDRESS<br>-ST-ZIP   | BER<br>3020                                       | NARD E. SMITH<br>DHARTLEY ROAD, SUITE 300<br>KSONVILLE, FLORIDA 32257     |                |   |                        |  |
| TITLE<br>NAME                                   |   | ☐ Delete  | TITL         |                               | ~<br>V:   |   |                | ] Change                                  | Addition               |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |   |   | STRE         | ET ADDRESS<br>-ST-ZIP         | 30  | RISTEN K. PACKARD<br>120 HARTLEY ROAD, SUITE 3<br>CKSONVILLE, FLORIDA 322 |                |   | ,                      |  |
| TITLE<br>NAME                                   |   | ☐ Delete  | TITL         | - 1                           |   |   |                | ] Change                                  | Addition               |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |   |   |              | ET ADDRESS<br>-ST-ZIP         |   |   |                |   |                        |  |
| TITLE   |   | ☐ Delete  | TITL         |                               |   | 60000356  |                | LChange                                   | Addition               |  |
| NAME<br>STREET ADDRESS                          |   |   | NAM          | E ADDRESS                     |   | 60000356<br>-01/22/01<br>***2540.   | 0109           | <u> </u>                                  | 14                     |  |
| CITY-ST-ZIP                                     |   |   | +-           | -ST-ZIP                       |   | *** <u>639U</u> ,   |                | _   |                        |  |
| TITLE<br>NAME                                   |   | ☐ Delete  | TITL!<br>NAM |                               |   |   |                | Change                                    | ☐ Addition             |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |   |   | 9            | ET ADDRESS<br>-ST-ZIP         |   |   |                | SP  |                        |  |
| 13. I hereby of indicated                       | L<br>certify that the information supplied with t<br>I on this report or supplemental report is t | true and accurate and that m  | the exe      | mption state<br>ture shall ha | ve the same                                       | legal effect as if made under oath  | i; that I am a | an officer                                | r or director          |  |
| of the cor                                      | rporation or the receiver or trustee empor<br>, or on an attachment with an address, w            | vered to execute this report a  | as requi     | red by Chap<br>Bernar         | ter 607, Flori<br>d E. Smith,                     | da Statutes; and that my name as<br>January 18, 2001                      | ppears in BI   | lock 11 o                                 | r Block 12 if          |  |
| SIGNAT  | URE: SIGNATURE AND TYPED OR PR  | INTIO NAME OF SIGNING OFFICER C   | n            | Vice                          | President   |   |                | —<br>———————————————————————————————————— |                        |  |