2001 UNIFORM BUSINESS REPORT (UBR

| DOCUMENT # P0000090161 1. Entity Name VESTCOR PARTNERS XXIX, INC. | | | | | | FILED. | | | |
|--|--|--|------------------------|--|---|---|--|-----------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | | 01 JAN 22 PM 2: 03 | | | |
| 020 HARTLEY RD #300 ACKSONVILLE FL 32257 | | 3020 HARTLEY RD., #300 JACKSONVILLE FL 32257 | | | | SECRETARYTOF STATE TABLIAHASSEE 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 | | | | FEI Number 59–3674191 | <u> </u> | oplied For ot Applicable | |
| Zip | Country | Zip Count | | ry | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| • | 6. Name and Address of Current Re | | | Name | 7. | Name and Address of New Regist | ered Agent | | |
| SMITH, BERNARD E 3020 HARTLEY RD., #300 JACKSONVILLE FL 32257 | | | | | eet Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | | FL Zip Coo | le | |
| SIGNATURE . | named entity submits this statement for t | | | l Agent signature | | | DATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOT After MAY 1, Make Check Pay | | | 01 Fee | | 0.00 | Election Campaign Financin Trust Fund Contribution. | · _ + | 00 May Be d to Fees | |
| 11. | OFFICERS AND D | RECTORS | 12. | | Al | DDITIONS/CHANGES TO OFFICER | S AND DIRECTOR | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROOD, JOHN D 3020 HARTLEY RD., #300 JACKSONVILLE FL 32257 | ☐ Delete | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ONONO STATE OF THE | ☐ Delete | - | | 3020 | NARD E. SMITH HARTLEY ROAD, SUITE 300 SSONVILLE, FLORIDA 32257 | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | | | 3020 | VS KRISTEN K. PACKARD 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FLORIDA 32257 | | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | (Sec. 1997) | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | | | ET ADDRESS ST-ZIP | | 10000356265 ^{chnge} | | | |
| TITLE Name Street address City-St-Zip | | ☐ Delete | | | | | □ Change | ☐ Addition | |
| indicated of the cor | certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower, or on an attachment with an address with | ue and accurate and that me ered to execute this report a ball other like empowered. | ny signat as requir | ure shall hav ed by Chapt Bernar | e the same | legal effect as if made under oath; ida Statutes; and that my name app | that I am an officer ears in Block 11 d | or director | |