CR2E034 (10/00)

2001	UNIFORM BUSI	NESS REPO	RT ((UBR)	š				
DOCUMENT # P97000100242 1. Entity Name VESTCOR PARTNERS XII, INC.									
						FILED			
					01 J	AN 22 PM 7	l: 46		
Principal Place of Business 3020 HARTLEY ROAD #300 JACKSONVILLE FL 32257		Mailing Address 3020 HARTLEY ROAD #300 JACKSONVILLE FL 32257			SECRETARY: OF STATE TALLEAHASSEE, FLORIDA				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	ΓΕ IN THIS	SPACE	
City & State		City & State		4. FEI Numb	er 59-347948	0		plied For ot Applicable	
Zip Country		Zip Country		5. Certificate	of Status Desired	М	\$8.75 Add Fee Required		
	6. Name and Address of Current f	Registered Agent		Name	7. Name and	d Address of New R	legistered	Agent	
FARRELL, MARK T 3020 HARTLEY ROAD., #300 JACKSONVILLE FL 32257			-	Street Address	3020 HA	BERNARD E. SMITH 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FLORIDA 32257			
				City			FL	Zip Code	B
SIGNATURE Signature, typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		10. El	Januar ection Campaign Fin ust Fund Contributio			O May Be	
11.	OFFICERS AND [DIRECTORS	12.		ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOD, JOHN D 3020 HARTLEY ROAD., #300 JACKSONVILLE FL 32257	TLEY ROAD., #300		ADDRESS T-ZIP	Change Addition OOOOO3576670-8 -01/26/0101061022 ****158.75 ****158.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FARRELL, MARK T 3020 HARTLEY ROAD., #300 JACKSONVILLE FL 32257	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, BERNARD E 3020 HARTLEY ROAD., #300 JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET CITY-S'	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PACKARD, KRISTEN K 3020 HARTLEY ROAD., #300 JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			.;	Change P	Addition .

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 mv name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MALE OF SIGNING OFFICER OR DI.

SIGNATURE AND TYPED OR PRINTED MALE OF SIGNING OFFICER OR DI.