

# 2000 UNIFORM BUSINESS REPORT (UBR)

0045042

DOCUMENT # P98000085505

1. Entity Name

VESTCOR PARTNERS XVIII, INC.

APPROVED  
AND  
FILED

00 FEB -9 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3030 HARTLEY RD., STE. 100  
JACKSONVILLE FL 32257

3030 HARTLEY RD., STE. 100  
JACKSONVILLE FL 32257-8205

2. Principal Place of Business

3020 Hartely Road

Suite, Apt. #, etc.

300

City & State

Jacksonville, Florida

Zip

32257

Country

US

3. Mailing Address

3020 Hartley Road

Suite, Apt. #, etc.

300

City & State

Jacksonville, Florida

Zip

32257

Country

US

4. FEI Number

59-3535916

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FARRELL, MARK T

3030 HARTLEY RD., STE. 100

JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Farrell, Mark T

Street Address (P.O. Box Number is Not Acceptable)

3020 Hartley Road, Suite 300

City

Jacksonville

FL

Zip Code  
32257

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROOD, JOHN D	
STREET ADDRESS	3030 HARTLEY RD., STE. 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FARRELL, MARK	
STREET ADDRESS	3030 HARTLEY RD., STE. 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, BERNARD E	
STREET ADDRESS	3030 HARTLEY RD., STE. 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	V	<input type="checkbox"/> Delete
NAME	PACKARD, KRISTEN K	
STREET ADDRESS	3030 HARTLEY RD., STE. 100	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rood, John D	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farrell, Mark T	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	VI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Bernard E	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Packard, Kristen K	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

*Kristen K Packard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

(904)260-3030

Daytime Phone #

CR2E034 (9/99)