FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085568 1. Entity Name VESTCOR PARTNERS XVII, INC.				Feb 24, 2002 8:00 am Secretary of State 02-24-2002 90003 025 ***158.75
Principal Place of Business 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257 US		Mailing Address 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257 US		
Principal Place of Business 3. Mailing Address		,	- I IOONABELINE NOUDI NUNI BONI BONI BONI BONI BONI BONI BINI BI	
Suite, Apt. #, etc. Suite, Apt. 4		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3535908 Applied For Not Applied For
Zip	Country	Zip Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	<u></u>	7. Name and Address of New Registered Agent
FARRELL, MARK T 3020 HARTLEY ROAD STE 300 JACKSONVILLE FL 32257			302 Suit	(P.O. Box Number is Not Acceptable) 20 Hartley Road te 300 TSONVILLE TIP Code 3 2257
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				
Tax filing requirement and elects to do so. After May 1, 2		FILE NOW!!! FEE After May 1, 2002 Fee Make Check Payable to D	will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE DP ROOD, JOHN D 3020 HARTLEY ROAD, STE 300 JACKSONVILLE FL 32257	Delete . TIT	LE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FARRELL, MARK T 3020 HARTLEY ROAD, STE 300 JACKSONVILLE FL 32257			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FRICK, STEPHEN A 3020 HARTLEY ROAD., STE 300 JACKSONVILLE FL 32257	· ·		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ☐ Addition
of the cor	on this report or supplemental report is tru	e and accurate and that my signa red to execute this report as requ	ature shall have the s	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-8-02