

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0046360

DOCUMENT # P98000085572

1. Entity Name

VESTCOR PARTNERS XVI, INC.

00 FEB -9 PM 3:35

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3020 Hartley

3020 Hartley

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

300

City & State

City & State

Jacksonville, Florida

Jacksonville, Florida

4. FEI Number

59-3535911

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

32257

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRELL, MARK T
3030 HARTLEY RD., STE. 100
JACKSONVILLE FL 32257

Name Farrell, Mark T

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

3020 Hartley Road, Suite 300

100003136881--3

-02/16/00--01016--013

City

Jacksonville

****158.75 FL ****158.75

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROOD, JOHN D	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farrell, Mark T	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Bernard E	
STREET ADDRESS	3020 Hartley Road, Suite 300	
CITY-ST-ZIP	Jacksonville, Florida 32257	
TITLE	V	<input type="checkbox"/> Change <input checked="" 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)