

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085574

1. Entity Name  
VESTCOR PARTNERS XV, INC.

APPROVED  
AND  
FILED

00 FEB -9 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3030 HARTLEY RD., STE. 100  
JACKSONVILLE FL 32257

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

2. Principal Place of Business  
3020 Hartley 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 59-3536077  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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  
000003136880-6  
-02/16/00-01016-012  
\*\*\*\*158.75 FL \*\*\*\*158.75

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 1-20-00 (904) 260-3030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0045097

CR2E034 (9/99)