| 2001 | UNIF | ORM | BUSINES | S REF | PORT | (UBR |
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| DOCUI | MENT # P99000 0 | 67061 | | (02:1) | , | | | | | • |
|---|--|--|---------------------------------------|---------------------|---|--|---------------------------------|---------------------------|--------------------------|-----|
| VESTCOR PARTNERS XX, INC. | | | | | FILED | | | | | |
| | <u></u> | | | | | 01 JAN 22 PM 8: L | ւև | | | |
| Principal Place | e of Business | Mailing Address 3020 HARTLEY RD., STE. 300 JACKSONVILLE FL 32257 | | | | | . • | | | |
| 3020 HARTLEY (JACKSONVILLE | | | | | T | SECRETARYIOF: STATE TAULAHASSEE; FEORIDA | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | |) | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | | 4. F | El Number 59-3592269 | | | plied For Applicable |] |
| Zip | Country | Zip | Count | гу | 5. C | Certificate of Status Desired | | 3.75 Addi | tional | |
| | 6. Name and Address of Current | I Registered Agent | , , , , , , , , , , , , , , , , , , , | | 7. N | ame and Address of New Rec | | | | |
| EADO | DELL MADY T | | | Name | DEBM | ADD D. CLAITH | | | | |
| FARRELL, MARK T 3020 HARTLEY RD., STE. 300 JACKSONVILLE FL 32257 | | | | Street A | BERNARD E. SMITH 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE, FLORIDA 32257 | | | | | |
| | | | - | City | | | FL | Zip Code |) | |
| 8. The above | named entity submits this statement fo | the purpose of changing its | I s registere | d office or re | egistered age | | da. lary 18, 20 | 001 | | • |
| SIGNATORE | Signature, typed or printed name of registered agent a | and title if applicable. (NOT | E: Registered | Agent signature | required when rei | nstating) | | | | - |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2001 Fo Make Check Payable to | | | 001 Fee | will be \$550 | 0.00 | Election Campaign Finar Trust Fund Contribution. | ncing | | May Be to Fees | |
| 11. | OFFICERS AND | | 12. | | ADI | DITIONS/CHANGES TO OFFIC | | | | ١, |
| TITLE NAME | D Rood, John D | ☐ Delete | TITLE NAME | | | | L |] Change | ☐ Addition | 0.0 |
| STREET ADDRESS CITY-ST-ZIP | 3020 HARTLEY RD., STE. 300 | | | T ADDRESS ST-ZIP | | | | | | 3 |
| TITLE | JACKSONVILLE FL 32257 VP | Delete | TITLE | | | | |] Change | Addition | |
| NAME STREET ADDRESS | FARRELL, MARK T 3020 HARTLEY RD., STE. 300 | t, | | T ADDRESS | | | | | | ` |
| CITY-ST-ZIP TITLE | JACKSONVILLE FL 32257 VT | ☐ Delete | TITLE | ST-ZIP | | 3000025 | ezer | CTNAIDO | | l |
| NAME | SMITH, BERNARD E | _ below | NAME | | | 30000350 -01/22/0 | 10109 | 101 | 4 | |
| STREET ADDRESS CITY-ST-ZIP | 3020 HARTLEY RD., STE. 300 JACKSONVILLE FL 32257 | | | ST-ZIP | | ***2540 | . UU ** | **158 | . 75 | |
| TITLE | VS | Delete | TITLE | | | | |] Change | Addition | |
| NAME STREET ADDRESS | PACKARD, KRISTEN K 3020 HARTLEY RD., STE. 300 | | NAME STREE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | .,, | CITY- | ST-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | |] Change | ☐ Addition | |
| STREET ADDRESS | | | STREE | T ADDRESS | | • | | | | |
| CITY-ST-ZIP | | ☐ Delete | CITY- | ST-ZIP | | | r |] Change | ☐ Addition | |
| NAME | | □ Delete | NAME | | | | L | SI | | |
| STREET ADDRESS CITY-ST-ZIP | | | | T ADDRESS ST-ZIP | | | | U | i | |
| 13. Thereby o | pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt | this filing does not qualify fo true and accurate and that i | or the exer | notion stated | in Section 1 e the same l | 19.07(3)(i), Florida Statutes. I fr egal effect as if made under oa | urther certify th; that I am | that the in an officer | formation or director | |
| of the cor changed, | poration or the receiver or trustee empo or on an attachment with an address, v | wered to execute this report with all other like empowered | t as requir i. | Berna | ard E. Smith | | | | Block 12 if | |
| SIGNAT | URE: | RINTE NAME OF SIGNING OFFICER | OR DI | Vic | e President | | – – · – Daytír | rie Phone # | | |