

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000637

1. Entity Name
BILL & BONNIE HUNTLEY INVESTMENTS, LTD.



03 APR 24 AM 8:30

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
ROUTE 1, BOX 826
EAST PALATKA FL 32177

Mailing Address
P.O. DRAWER 1319
PALATKA FL 32178



2. Principal Place of Business

3. Mailing Address

417 ST. JOHNS AV.
SUITE 7

Suite, Apt. #, etc.

CITY & STATE
PALATKA FL

CITY & STATE

Zip
32177

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3647288

Applied For

Not Applicable

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

YONG, FRANK J
701 FISK ST., STE. 110
JACKSONVILLE FL 32204

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000035832
NAME BILL & BONNIE HUNTLEY, INC.
STREET ADDRESS 204 MORITANI PT. RD.
CITY-ST-ZIP EAST PALATKA FL 32131

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)