

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00165988 AT

DOCUMENT # A02000000136



Entity Name
THE DOZIER B. HILLIARD FAMILY LIMITED PARTNERSHIP

FILED
03 MAR 28 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4406 RIVERVIEW BLVD. WEST
BRADENTON FL 34209**

Mailing Address
**4406 RIVERVIEW BLVD. WEST
BRADENTON FL 34209**

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HILLIARD, DOZIER B 4406 RIVERVIEW BLVD. WEST BRADENTON FL 34209			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000005012 THE HILLIARD GROUP, INC. 4406 RIVERVIEW BLVD. WEST BRADENTON FL 34209	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800014914088 03/28/03--01059--011 **\$26.25
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 20, Florida Statutes

SIGNATURE: *Dozier B Hilliard*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER

3/24/03

Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE