

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

01 FEB 12 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A26351**

1. Entity Name

JHG FAMILY LIMITED PARTNERSHIP

Principal Place of Business

P.O. BOX 231
LAKE WALES FL 33859

Mailing Address

P.O. BOX 231
LAKE WALES FL 33859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2886326

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

UPDIKE, LAWRENCE C.

~~5937 HIGHWAY 60 EAST~~ 68 Mammoth Grove Road
~~LAKE WALES FL 33859-0231~~ 33853

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$990,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **144781**
NAME **U & H CITRUS PROPERTIES, INC.**
STREET ADDRESS **68 MAMMOTH GROVE ROAD**
CITY-ST-ZIP **LAKE WALES FL**

STREET ADDRESS

CITY-ST-ZIP

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-02/16/01--01136--001
******526.25 ****526.25**

TB

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Lawrence C. Updike, Secretary/Treasurer

2/7/01

863-696-1487

Date

Daytime Phone #

0010439 AF

CR2E003 (11/00)