

2002 UNIFORM BUSINESS REPORT (UBR)

0006691 AT

DOCUMENT # **A96000000454**

FILED

02 FEB -6 AM 8: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name

BIGHAM FAMILY LIMITED PARTNERSHIP

Principal Place of Business

**2806 RABBIT HILL ROAD
TALLAHASSEE FL 32312**

Mailing Address

**2806 RABBIT HILL ROAD
TALLAHASSEE FL 32312**

2. Principal Place of Business

3081 Lower Hawthorne TRAIL
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

CAIRO GA

City & State

Zip

Country

GRADY

4. FEI Number

59-3366834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BIGHAM, SIDNEY C
2806 RABBIT HILL ROAD
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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.

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 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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BIGHAM, SIDNEY C
2806 RABBIT HILL ROAD
TALLAHASSEE FL 32312**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BIGHAM, ELIZABETH M
2806 RABBIT HILL ROAD
TALLAHASSEE FL 32312**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 of Sidney C. Bigam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

850 385-1180

2/1/02

CR2E003 (9/01)

STAPLE CHECKS HERE