

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000231**

1. Entity Name

The Durrance Groves Limited Partnership

FILED

01 JUN 22 PM 12:38

Principal Place of Business

Mailing Address

3619 College Hill Rd.

SAME

Bowling Green, FL 33834

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

05-0763235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Durrance, Huston D.
3619 College Hill Rd.
Bowling Green, FL 33834

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 **3,000,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **Durrance, Huston D.**
NAME **3619 College Hill Rd**
STREET ADDRESS **Bowling Green, FL 33834**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400004446154

DOCUMENT # **Durrance, Mary Louise**
NAME **3619 College Hill Rd**
STREET ADDRESS **Bowling Green, FL 33834**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

-06/26/01--01051--025
******526.25 ****526.25**

DOCUMENT # **Durrance, Danny D.**
NAME **3619 College Hill Rd**
STREET ADDRESS **Bowling Green, FL 33834**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: **Louise Durrance**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)