

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001210

1. Entity Name  
ARNOLD GROVES AND RANCH, LTD. LLP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 24 PM 3:32

Principal Place of Business  
15625 FRANK JERRELL ROAD  
CLERMONT FL 34711

Mailing Address  
15625 FRANK JERRELL ROAD  
CLERMONT FL 34711



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3517479

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNOLD, JOHN R JR  
15625 FRANK JERRELL ROAD  
CLERMONT FL 34711

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. \$3,586,403.00

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 # P97000105848  
NAME JOHN R. ARNOLD, INC.  
STREET ADDRESS 666 SEMINOLE DRIVE, NE  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

700013030937  
02/24/03--01050--007 \*\*526.25

DOCUMENT #  
NAME ARNOLD, JOHN R  
STREET ADDRESS 666 SEMINOLE DRIVE, NE  
CITY-ST-ZIP WINTER PARK FL 32789

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)