

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002112

1. Entity Name
THE AVP AND GLP FAMILY PARTNERSHIP, LTD.



FILED

03 APR 17 AM 7:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
14661 MARSH VIEW DRIVE
JACKSONVILLE FL 32250

Mailing Address
14661 MARSH VIEW DRIVE
JACKSONVILLE FL 32250

2. Principal Place of Business

13767 Deer Chase PL

3. Mailing Address

13767 Deer Chase PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

JACKSONVILLE FL

City & State

JAX FL

4. FEI Number 59-3533604

Applied For

Not Applicable

Zip

Country

32224 DUVAL

Zip

Country

32224 DUVAL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, GWENITH L
14661 MARSH VIEW DRIVE
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13767 Deer Chase PLACE

City JAX

FL

Zip Code 32224

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]*

3-21-03

DATE

9. Capital Contributions as Shown on record. \$200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 PETERSON, GWENITH L
STREET ADDRESS 14661 MARSH VIEW DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

13. ADDRESS CHANGES ONLY

STREET ADDRESS 13767 Deer Chase PLACE
CITY-ST-ZIP JAX FL 32224

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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 620, Florida Statutes.

SIGNATURE: *[Signature]*

3-21-03

(904) 992-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)