

2001 UNIFORM BUSINESS REPORT (UBR)

0019268 AB

DOCUMENT # **B95000000073**

1. Entity Name

QUEENSBERRY, LTD.

FILED

01 APR '16 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

120 N WALSTON BGD RD
JASPER AL 35504

120 N WALSTON BGD RD
JASPER AL 35504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1131347

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

MYERS, CLIFFORD C
111 WEST BEACH DRIVE
PANAMA CITY BEACH FL 32401

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.

\$570,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

166,492

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 #
NAME **MYERS, CLIFFORD C**
STREET ADDRESS **111 WEST BEACH DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

STREET ADDRESS

CITY-ST-ZIP

400004064994--5
-04/24/01--01104--001
*****526.25 ***526.25**

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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:

Clifford C Myers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/01

Date

Daytime Phone #

CR2E003 (11/00)