

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005787 AT

DOCUMENT # A00000000135

1. Entity Name  
THE GREWELL FAMILY PARTNERSHIP, LTD.



FILED

03 APR 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
100 EXECUTIVE WAY, SUITE 101  
PONTE VEDRA BEACH FL 32082

Mailing Address  
100 EXECUTIVE WAY, SUITE 101  
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

4439 Seabreeze Dr  
Suite, Apt. #, etc.

3. Mailing Address

4439 Seabreeze Dr  
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number 59-3713781

Applied For  
Not Applicable

Zip 32250

Country DWSL

Zip 32250

Country DWSL

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEMERSON, STEVE  
100 EXECUTIVE WAY, SUITE 101  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name COLEMAN, C. RANDOLPH  
Street Address (P.O. Box Number is Not Acceptable)  
9250 BAY MEADOWS ROAD  
Suite 450  
City JACKSONVILLE FL Zip Code 32256

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 *C. Randolph Coleman*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

4-9-03

9. Capital Contributions as Shown on record. \$10,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME GREWELL, BRUCE W  
STREET ADDRESS 100 EXECUTIVE WAY, STE 110  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS 4439 Seabreeze Dr.  
CITY-ST-ZIP JACKSONVILLE, FL 32250

DOCUMENT #  
NAME GAMBLE, CONSTANCE L  
STREET ADDRESS 100 EXECUTIVE WAY, STE 110  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

STREET ADDRESS 4439 Seabreeze Dr.  
CITY-ST-ZIP JACKSONVILLE, FL 32250

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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:

*Bruce W. Grewell*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/03 904-223-2223  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE