

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008820 AT

DOCUMENT # A00000000250

1. Entity Name
GRAND PINES, LTD.



FILED

03 FEB 28 AM 8:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
65 LEWIS BLVD.
ST. AUGUSTINE FL 32084

Mailing Address
65 LEWIS BLVD.
ST. AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3627029

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801

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.

\$3,879,562.00

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 # P00000008594
NAME GRAND PINES INC.
STREET ADDRESS 65 LEWIS BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL 32084

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # K07812
NAME RIVERSIDE BUILDERS OF PUTNAM COUNTY, INC.
STREET ADDRESS HIGHWAY 19 N. & W. TOWLES AVE RT 6 BOX 884
CITY-ST-ZIP PALATKA FL 32177

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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: *Roy E. Campbell Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/21/03 904-827-0520
Date Daytime Phone #

CR2E003 (10/02)