

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000308**

1. Entity Name

WILLIAM KNABB INVESTMENTS, LTD.

Principal Place of Business
**447 EAST BOULEVARD SOUTH
MACLENNY FL 32063**

Mailing Address
**447 EAST BOULEVARD SOUTH
MACLENNY FL 32063**

FILED

01 APR 11 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wellborn FL

Zip

Country

Zip

Country

32094

USA

4. FEI Number

59-3627853

Applied For

Not Applicable

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

**YONG, FRANK J
447 EAST BOULEVARD SOUTH
MACLENNY FL 32063**

Name

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

701 Fisk Street, Suite 110

City **Jacksonville**

FL

Zip Code **32204**

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.

\$2,000,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,282,000.00

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 # **P00000018174**
NAME **WILLIAM KNABB, INC.**
STREET ADDRESS **447 EAST BOULEVARD SOUTH**
CITY-ST-ZIP **MACLENNY FL 32063**

STREET ADDRESS

CITY-ST-ZIP

600004012076--7

-04/19/01--01015--023

*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)