

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006986 AT

DOCUMENT # **A00000000368**

1. Entity Name  
**PEAR STREET TIMBER, LTD.**

FILED

02 MAR -6 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MMJH**

Principal Place of Business  
**20778 FANNIN AVE.  
BLOUNTSTOWN FL 32424**

Mailing Address  
**P.O. BOX 417  
BLOUNTSTOWN FL 32424-0417**



**DUE BY MAY 1, 2002**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3680024</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>HAYES, D. BURKE 20778 FANNIN AVE. BLOUNTSTOWN FL 32424</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	<b>BRESLIN, NANCY H 3057 CARLOW CIRCLE TALLAHASSEE FL 32308</b>	STREET ADDRESS	<del>400005098884-5</del> -03/13/02--01020--017 ****526.25 ****526.25
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	<b>HAYES, D. BURKE TRUSTEE P.O. BOX 417 BLOUNTSTOWN FL 32424</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	<b>HAYES, NAN D TRUSTEE P.O. BOX 417 BLOUNTSTOWN FL 32424</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	<b>MEIERDIERKS, BROOKS ANNE 1018 MARVONE LANE NEPTUNE BEACH FL 32266</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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)(l), 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: *Doreen Burke Hayes* **DAURED** 3/1/02 850-674-5789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)