

2001 UNIFORM BUSINESS REPORT (UBR)

0020302 SP

DOCUMENT # **A00000000678**

1. Entity Name

THE NORTH CENTRAL FLORIDA LIMITED PARTNERSHIP

FILED

Principal Place of Business
**910 S.E. SILVER SPRINGS BLVD.
OCALA FL 32670**

Mailing Address
**910 S.E. SILVER SPRINGS BLVD.
OCALA FL 32670**

01 JAN 24 AM 11:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Handwritten signature

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646474

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

**BAXLEY, DENNIS K
910 S.E. SILVER SPRINGS BLVD.
OCALA FL 32670**

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.

\$1,000,700.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,000,700.00

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 #
NAME **HIERS, JOHN M**
STREET ADDRESS **910 S.E. SILVER SPRINGS BLVD.**
CITY-ST-ZIP **OCALA FL 32670**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-22-01

352-671-1926

Date

Daytime Phone #

CR2E003 (11/00)