

2001 UNIFORM BUSINESS REPORT (UBR)

0018009 AF

DOCUMENT # A00000000744

1. Entity Name

PHILIP PROPERTIES PARTNERSHIP, LTD.

FILED

WJ

Principal Place of Business

1233 STOW AVENUE
P.O. BOX 2472
PENSACOLA FL 32513

Mailing Address

1233 STOW AVENUE
P.O. BOX 2472
PENSACOLA FL 32513

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

593649376

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
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32201

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

Frank J. Yong

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/01

DATE

9. Capital Contributions as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date

\$5,000,000.00

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 # P00000033755
NAME BOBELLE HARRELL, INC.
STREET ADDRESS 1233 STOW AVE., P.O. BOX 2472
CITY-ST-ZIP PENSACOLA FL 32513

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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:

Bobelle Harrell
Bobelle HARRELL President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

8/29/01 (850) 433-4142

CR2E003 (11/00)