

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006710 AT

DOCUMENT # A00000000788



1. Entity Name
YARBOROUGH INVESTMENTS OF BAKER COUNTY, LTD.

FILED

2003 FEB 26 PM 3:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
115 SOUTH 5TH STREET
MACCLENY FL 32063

Mailing Address
115 SOUTH 5TH STREET
MACCLENY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3643339

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
115 SOUTH 5TH STREET
MACCLENY FL 32063

Name

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

701 Riverside Park Pl 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

2/25/03

DATE

9. Capital Contributions as Shown on record. \$10,000,000.00

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 # P00000042999
NAME BERNICE YARBOROUGH, INC.
STREET ADDRESS 115 SOUTH 5TH STREET
CITY-ST-ZIP MACCLENY FL 32063

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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

1-28-03

Date

904-257-3201

Daytime Phone #

CR2E003 (10/02)