

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A00000000830**

1. Entity Name

PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP

FILED

02 AUG 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**8410 S.E. 7TH AVENUE ROAD
OCALA FL 34480**

Mailing Address
**8410 S.E. 7TH AVENUE ROAD
OCALA FL 34480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVID JR, PAUL
8410 S.E. 7TH AVENUE ROAD
OCALA FL 34480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

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 #
NAME **DAVID JR, PAUL**
STREET ADDRESS **8410 SE 7TH AVE, ROAD**
CITY-ST-ZIP **OCALA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **DAVID, FRANCES B**
STREET ADDRESS **8410 SE 7TH AVE, ROAD**
CITY-ST-ZIP **OCALA FL**

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)(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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/16/02

Date

352-291-2942

Daytime Phone #

CR2E003 (4/02)

STAPLE CHECK HERE

Form **SS-4**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

FILED

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP

2 Trade name of business (if different from name on line 1)**4a** Mailing address (street address) (room, apt., or suite no.)

8410 SE 7TH AVENUE ROAD

4b City, state, and ZIP code

OCALA FLORIDA 34480

6 County and state where principal business is located

MARION COUNTY, STATE OF FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

FRANCES B. DAVID, S.S. #267-96-9351

3 Executor, trustee, "care of" name

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5a Business address (if different from address on lines 4a and 4b)

SECRETARY OF STATE

5b City, state, and ZIP code

TALLAHASSEE, FLORIDA

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☒ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Other (specify) ►☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Foreign country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ► INVESTMENT☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)**11** Closing month of accounting year (see instructions)

DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ► INVESTING**15** Is the principal business activity manufacturing?☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business?☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(352) 291-2942

Fax telephone number (include area code)

FRANCES B. DAVID, GENERAL PARTNER

Name and title (Please type or print clearly.) ►

Signature ► *Frances B David* GENERAL PARTNER

Date ► 8/16/02

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying