

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016154 AT

DOCUMENT # A00000000830



FILED
03 APR 17 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **APPLIED FOR**
51-0422152

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.

000016214730
04/17/03--01056--023 *\$526.25
DATE

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

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

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: *Frances B. David* **FRANCES B. DAVID** **4-15-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)