

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000999

1. Entity Name  
NANCY M. PHIPARD FAMILY LIMITED PARTNERSHIP



FILED

03 OCT -7 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FL 32315



Principal Place of Business  
1630 LANDS END ROAD  
MANALAPAN FL 33462

Mailing Address  
1630 LANDS END ROAD  
MANALAPAN FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number 65-1026953

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

PHIPARD, INC.  
1630 LANDS END ROAD  
MANALAPAN FL 33462

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 *Nancy M. Phipard, Pres.*

*July 24, 03*

9. Capital Contributions as Shown on record. \$1,700,000.00

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 # P00000057445  
NAME PHIPARD, INC.  
STREET ADDRESS 1630 LANDS END ROAD  
CITY-ST-ZIP MANALAPAN FL 33462

STREET ADDRESS

CITY-ST-ZIP

400022109594  
08/05/03--01027--003 \*\*837.50

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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400022109594  
10/09/03 - 01070--026 \*\*88.75

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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

*Nancy M. Phipard, Pres.*  
*9/2/03*  
GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/03)

0001318 AT