

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001083

1. Entity Name

THE SARAH R. COLGROVE FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3

Principal Place of Business

Mailing Address

PO BOX 1787

PO BOX 1787

MIDDLEBURG FL 32050-1787

MIDDLEBURG FL 32050-1787

2. Principal Place of Business

3. Mailing Address

10087 PEBBLE RIDGE DR N 10087 PEBBLE RIDGE DR N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number

59-3655585

Applied For

Not Applicable

Zip

Country

32220

USA

Zip

Country

32220

USA

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

COLEMAN, C. RANDOLPH

9250 BAYMEADOWS RD, STE 230

JACKSONVILLE FL 32256

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.

SIGNATURE Coleman, C. Randolph - Attorney DATE

9. Capital Contributions as Shown on record.

\$850,000.00

10. Amount of Capital Contributions in FLORIDA to date.

850,000.00

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 #
NAME COLGROVE, SARAH R
STREET ADDRESS PO BOX 1787
CITY-ST-ZIP MIDDLEBURG FL

STREET ADDRESS 10087 PEBBLE RIDGE DR N
CITY-ST-ZIP JACKSONVILLE FL 32220

DOCUMENT #
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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: Sarah R. Colgrove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/15/02

Date

Daytime Phone #

0005527 AT

CR2E003 (9/01)

STAPLE CHECK HERE