

2001 UNIFORM BUSINESS REPORT (UBR)

192

0000030 AT

DOCUMENT # A00000001463

1. Entity Name
HIGDON INVESTMENTS, LTD.

FILED
01 SEP 24 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**217 NORTH MONROE STREET
TALLAHASSEE FL 32301**

Mailing Address
**217 NORTH MONROE STREET
TALLAHASSEE FL 32301**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number
59-7189237

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPITAL CITY TRUST COMPANY
ATTN: RANDY POPL
217 NORTH MONROE STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record **\$2,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$2,100,000.00**

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 STREET ADDRESS CITY-ST-ZIP	CAPITAL CITY TRUST COMPANY, TRUSTEE 217 NORTH MONROE STREET TALLAHASSEE FL 32301	STREET ADDRESS CITY-ST-ZIP	000004625650--9 -10/08/01--01006--004 ****\$35.00 ****\$35.00
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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: *Capital City Trust Company as Trustee*
By SIGNATURE REQUIRED JAMES D. Doffner **8/27/2001** **671-0343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/01)



292
FILED

01 SEP 24 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 20, 2001

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Higdon Investments, LTD.

Dear Sir or Madam:

Enclosed please find an application and check for the above reference corporation. Per a conversation with you office, earlier today, we are returning the form and check in the amount of \$535.00. The only mailing we received of the 2001 Uniform Business Report was in July 2001. The form indicates that the due date is September 26, 2001 and we completed and filed the report as of August 27, 2001.

Please forward a notification of receipt of this report and check. If you should have any questions please contact Janice White at 850-671-0343.

Sincerely,

Laurel Parido
Trust Operations Specialist

Enclosure