

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000660 AT

DOCUMENT # A00000001845

1. Entity Name
ANN CROW FAMILY LIMITED PARTNERSHIP



FILED

03 APR 16 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

BJH

Principal Place of Business
11077 CR 250
WELLBORN FL 32094

Mailing Address
11077 CR 250
WELLBORN FL 32094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3688689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATHLEEN HOLBROOK COLD
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202

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 *Ann M. Crow*
Signature, typed or printed name of registered agent and title if applicable.

April 11, 2003
DATE

9. Capital Contributions
as Shown on record. \$300,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 300,000

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 CROW, ANN M TRUSTEE
STREET ADDRESS 11077 CR 250
CITY-ST-ZIP WELLBORN FL 32094

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)(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 820, Florida Statutes

SIGNATURE:

Ann M. Crow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 11, 2003
DATE
386-963
5541
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE