

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006920  
AT

DOCUMENT # **A0000001948**

1. Entity Name  
**GIBBS INVESTMENTS, LTD.**

02 APR 17 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**165 SANDPINE DRIVE  
PORT ST. JOE FL 32456**

Mailing Address  
**165 SANDPINE DRIVE  
PORT ST. JOE FL 32456**

2. Principal Place of Business **SAME**

3. Mailing Address **SAME**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number **59-3688018**

Applied For  
Not Applicable

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**

**GIBBS, GEORGE S  
165 SANDPINE DRIVE  
PORT ST. JOE FL 32456**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$9,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **7,648,311**

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 #	<b>GIBBS, GEORGE S 165 SANDPINE DRIVE PORT ST. JOE FL 32456</b>	STREET ADDRESS	<b>N/A</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	<b>GIBBS, DIANNE K 165 SANDPINE DRIVE PORT ST. JOE FL 32456</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			

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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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/9/02**  
Date

Daytime Phone #

CF2E003 (9/01)