

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A00000001999

1. Entity Name

THE JAMES A. ALDERMAN, JR. LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -7 PM 1:05

5/23

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

712532ND AVE. WEST

3. Mailing Address

P. O. BOX 367

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State

PALMETTO, FL

City & State

PALMETTO, FL

4. FEI Number

65-1091599

Applied For

Not Applicable

Zip

34221

Country

U.S.A.

Zip

34220

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES A. ALDERMAN, JR. TRUSTEE

Street Address (P.O. Box Number is Not Acceptable)

712 32ND AVE WEST

City

PALMETTO

FL

Zip Code  
34221

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

9. Capital Contributions  
as Shown on record.

428,400.00

10. Amount of Capital Contributions  
in FLORIDA to date.

428,400.00

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

DOCUMENT #

A00000001999

NAME

JAMES A. ALDERMAN, JR TRUSTEE

STREET ADDRESS

712 32ND AVE. WEST

CITY - ST - ZIP

PALMETTO, FL 34221

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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NAME

MARIBEL CODDINGTON-ALDERMAN TTEE

STREET ADDRESS

712 32ND AVE. WEST

CITY - ST - ZIP

PALMETTO, FL 34221

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES A. ALDERMAN, JR

Date

5-1-02 941-7222256

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)

**DO NOT WRITE  
IN THIS SPACE**