

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002085

1. Entity Name

THE LLOYD BISHOP CLARK, JR. FAMILY LIMITED PARTN

Principal Place of Business

Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -1 AM 9:21

2. Principal Place of Business

2286 S. BYRON BUTLER PKWY
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 48
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PERRY FL

City & State

PERRY FL

Zip

32348

Country

USA

Zip

32348

Country

USA

4. FEI Number

59-3688801

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

McRae + Metcalf P.A.
by Christopher T. McRae
1677 Mahan Center Boulevard
Tallahassee, FL 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

294,500

10. Amount of Capital Contributions
in FLORIDA to date.

294,500

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME Lloyd B CLARK JR
STREET ADDRESS 2286 S. BYRON BUTLER PKWY
CITY-ST-ZIP PERRY FL 32348

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

5/1/01

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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-05/16/01--01080--020
****437.50 ****437.50

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

Date

Daytime Phone #

CR2E003 (11/00)