

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000285

1. Entity Name

GLENLOCHY, LTD.

FILED

02 JAN 16 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1903 BENDELOW TRAIL
TAMPA FL 33629

Mailing Address

1903 BENDELOW TRAIL
TAMPA FL 33629

2. Principal Place of Business

309 Upper Lake Rd

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Highlands, N.C.

City & State

4. FEI Number

59-3701239

Applied For

Not Applicable

Zip

Country

28741

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, NATHAN B
1903 BENDELOW TRAIL
TAMPA FL 33629

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.

DATE

9. Capital Contributions
as Shown on record.

\$695,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 #	
NAME	SIMPSON, NATHAN B
STREET ADDRESS	1903 BENDELOW TRAIL
CITY-ST-ZIP	TAMPA FL 33629
DOCUMENT #	
NAME	SIMPSON, JANE G
STREET ADDRESS	1903 BENDELOW TRAIL
CITY-ST-ZIP	TAMPA FL 33629
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

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:

Nathan B. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

1/12/02 (813) 259-1382

Daytime Phone #

CR2E003 (9/01)