

# 2003 LIMITED-PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000000355**

1. Entity Name  
**FEAGLE FAMILY LIMITED PARTNERSHIP**



FILED

03 MAR -5 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

Principal Place of Business  
**101 EAST MADISON STREET  
LAKE CITY FL 32056-1653**

Mailing Address  
**POST OFFICE BOX 1653  
LAKE CITY FL 32056-1653**

2. Principal Place of Business

**153 N.E. MADISON ST.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LAKE CITY, FLA.**

City & State

Zip

**32055**

Country

**USA**

Zip

Country

4. FEI Number **59-3707103**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FEAGLE, MARLIN M.**

**101 EAST MADISON STREET 153 N.E. MADISON ST.  
LAKE CITY FL 32056-1653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Marlin M. Feagle as G.P.*

**2/17/03**

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

DATE

9. Capital Contributions  
as Shown on record.

**\$125,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**125,000.00**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**FEAGLE, MARLIN M  
101 EAST MADISON STREET  
LAKE CITY FL 32056-1653**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
**153 N.E. MADISON ST.**  
CITY-ST-ZIP  
**LAKE CITY, FL. 32055**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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 620, Florida Statutes

SIGNATURE:

*Marlin M. Feagle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/17/03**

Date

Daytime Phone #

CR2F003 (10/02)