

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 28 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001437

1. Entity Name

DuBey Properties, Ltd

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2808 Woodside Dr

3. Mailing Address

2808 Woodside Dr

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Tallahassee, FL 32312

City & State

Tallahassee, FL 32312

4. FEI Number

59-3750545

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John K. Humphress

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

1040 E Park Ave

City

Tallahassee

FL

32301

**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 filed applicant.

Date

9. Capital Contributions
as Shown on record.

4,683,084

10. Amount of Capital Contributions
in FLORIDA to date.

4,683,084

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

Olga DuBey

STREET ADDRESS
CITY-STATE-ZIP

2808 Woodside Dr
Tallahassee, FL 32312

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME

Donna DuBey

STREET ADDRESS
CITY-STATE-ZIP

8232 Hunter Ridge Trail
Tallahassee, FL 32312

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME

Marie DuBey Fessler

STREET ADDRESS
CITY-STATE-ZIP

5448 Birchbend Loop
Oviedo, FL 32765

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME

John K. Humphress

STREET ADDRESS
CITY-STATE-ZIP

1040 E Park Ave
Tallahassee, FL 32301

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #
NAME

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NAME

STREET ADDRESS
CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Olga DuBey - OLGA DuBEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-26-02

Date

Signature Printed

STAPLE CHECK HERE

0003B (12/01)