

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

APPROVED
AND
FILED

02 MAY 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *A0100000 1579*

1. Entity Name

THE BARD #1 FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8568 SAN JOSE BLVD

3. Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

JACKSONVILLE FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

32217 4201 DUVAL

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EDWIN J. BARD

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

8568 SAN JOSE BLVD

City

JACKSONVILLE

FL

Zip Code

32217 4201

**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.

1000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1000.00

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 #	<i>A0100000 1579</i>
NAME	<i>EDWIN J. BARD</i>
STREET ADDRESS	<i>8568 SAN JOSE BLVD</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32217</i>
DOCUMENT #	<i>1000000 15200</i>
NAME	<i>BARD-MANAGEMENT, L.L.C.</i>
STREET ADDRESS	<i>8568 SAN JOSE BLVD</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32217</i>
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E003B (12/01)

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:

Edwin J. Bard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER