

2002 UNIFORM BUSINESS REPORT (UBR)

0001808 AB

DOCUMENT # A01999

1. Entity Name

GROWTH PROPERTIES OF FLORIDA, LTD. III

FILED

02 SEP 17 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. DRAWER 1589
GAINESVILLE FL 32602

Mailing Address

P.O. DRAWER 1589
GAINESVILLE FL 32602

2. Principal Place of Business

3940 NW 16th Blvd., Bldg. B

3. Mailing Address

P. O. Box 357399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 25, 2002

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-1413223

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32635

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALTER, JAMES D. ESQUIRE
703 N.E. 1ST STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

3940 NW 16th Blvd., Bldg. B

City

Gainesville

FL

Zip Code
32605

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

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

DATE

9. Capital Contributions
as Shown on record.

\$4,116,387.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$4,116,387.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # 361157
NAME GROWTH PROPERTIES INC
STREET ADDRESS 703 NE 1ST STREET
CITY-ST-ZIP GAINESVILLE FL 32601

STREET ADDRESS 3940 NW 16th Blvd., Bldg. B
CITY-ST-ZIP Gainesville, FL 32605

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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

~~600007986726--7~~
~~-09/24/02--01044--020~~
~~****385.00 ****385.00~~

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

385.00

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:

James D. Salter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James D. Salter

8/26/02

(352) 376-8201

Date

Daytime Phone #

CR2E003 (4/02)