

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **A02000000597**

1. Entity Name  
**PRICE FAMILY ENTERPRISES, LTD.**



Principal Place of Business  
**6299-5 POWERS AVENUE  
JACKSONVILLE FL 32217**

Mailing Address  
**6299-5 POWERS AVENUE  
JACKSONVILLE FL 32217**



2. Principal Place of Business

**6260 Dupont Station Ct  
Suite 1**

City & State  
**Jacksonville FL**  
Zip  
**32217**

3. Mailing Address

**6260 Dupont Station Ct  
Suite 1**

City & State  
**Jacksonville FL**  
Zip  
**32217**

DUE BY: MAY 1, 2003

4. FEI Number  
**74-3045856**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRICE, CHARLES B  
6299-5 POWERS AVENUE  
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

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

**300017901353  
05/02/03--01071--016 \*\*14L25**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P02000042585**  
NAME **C. PRICE MANAGEMENT, INC.**  
STREET ADDRESS **6299-5 POWERS AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

13. ADDRESS CHANGES ONLY

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

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)(l), 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)