

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007041 AT

DOCUMENT # A02000000809

1. Entity Name  
VERDANT LAND, LTD.



FILED  
03 APR 23 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
651 DON BISHOP ROAD  
SANTA ROSA BEACH, FL 32459

Mailing Address  
651 DON BISHOP ROAD  
SANTA ROSA BEACH, FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
37-1432527

Applied For  
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

WILKS, DIANE  
105 BONAIRE BLVD.  
DESTIN FL 32550

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

9. Capital Contributions as Shown on record. \$0.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000049695	STREET ADDRESS	3000016694249
NAME	FOUNTAIN INVESTMENTS, INC.	CITY-ST-ZIP	04/23/03--01010--008 **141.25
STREET ADDRESS	651 DON BISHOP ROAD		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		
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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

Fountain Investments, Inc., General Partner

SIGNATURE: By: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/03 850-267-4949  
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE