

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

DOCUMENT # A02000001624

1. Entity Name

PANHANDLE PROPERTIES OF NORTHWEST FLORIDA  
LTD.



FILED  
03 FEB 13 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

499 N. FERDON BLVD.

3. Mailing Address

P.O. BOX 757

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State  
CRESTVIEW, FL

City & State  
CRESTVIEW, FL

4. FEI Number  
59-2196603

Applied For

Not Applicable

Zip  
32536

Country  
USA005...

Zip  
32536

Country  
USA005...

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DAVID A. RUSSELL

Street Address (P.O. Box Number is Not Acceptable)-  
499 N. FERDON BLVD.

City

CRESTVIEW,

FL

Zip Code  
32536

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

*David A. Russell*

2/10/03  
DATE

9. Capital Contributions  
as Shown on record.

\$8,000

10. Amount of Capital Contributions  
in FLORIDA to date.

\$8,000

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	DAVID A. RUSSELL	499 N. FERDON BLVD.	CRESTVIEW, FL 32536	100012456941	02/13/03--01022--011 **144.75
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

CR2E003B (12/02)

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:

*David A. Russell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/03 (850) 682-6156