

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

192

0001980 AB

DOCUMENT # A02000001690

1. Entity Name
FORD ROAD PROPERTIES, LTD.



FILED

03 SEP 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1200 RIVERPLACE BLVD., STE. 902
JACKSONVILLE FL 32207

Mailing Address
1200 RIVERPLACE BLVD., STE. 902
JACKSONVILLE FL 32207

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 **APPLIED FOR**
02-0696762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, BRIAN
1200 RIVERPLACE BLVD., STE. 902
JACKSONVILLE FL 32207

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

DATE

9. Capital Contributions **\$100,000.00**
as Shown on record.

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 # **P990000031379**
NAME **LONGLEAF TIMBER COMPANY, INC.**
STREET ADDRESS **1200 RIVERPLACE BLVD., STE. 902**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/20/03

Date

904-393-9020

Daytime Phone #

CP2E003 (4/03)

282

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03 SEP 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 16, 2003

Florida Department of Revenue
P. O. Box 6327
Tallahassee, FL 32314

Re: Ford Road Properties, Ltd.
Ref# A02000001690

Dear Sir or Madam:

After speaking with your office, I understand the reason for the late fee charge is due to this report being a second notice. However, I explained that this was the only notice that we had received. I was advised to send a letter stating that fact and the fee would be omitted.

Thank you in advance for your help in this matter.

Sincerely,



Brian Brown