

2001 UNIFORM BUSINESS REPORT (UBR)

0003441 AF

DOCUMENT # **A06755**

1. Entity Name

ZANE GREY CREEK LIMITED

FILED

01 FEB 27 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P.O. BOX 966

LONG KEY FL 33001

Mailing Address

P.O. BOX 966

LONG KEY FL 33001

2. Principal Place of Business

3. Mailing Address

288 SHE CREEK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

CLAYTON, GA

4. FEI Number

59-2001437

Applied For

Not Applicable

Zip

Country

Zip

Country

30525

USA

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

**KRAVITZ, HAROLD P
7600 W. 20TH AVE.
HIALEAH FL 33016**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$175,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #
NAME **RILEY, PETER E**
STREET ADDRESS **115 PRIMROSE LANE**
CITY-ST-ZIP **LAYTON FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

PETER E. RILEY 2/21/01

706 782 2566

CR2E003 (11/00)