

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 407392

1. Entity Name

Taff Properties Ltd.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 29 AM 10:39

Principal Place of Business Mailing Address  
Joyce C. Millender, CPA Joyce C. Millender, CPA  
4432 Crawfordville Hwy. 4432 Crawfordville Hwy.  
Crawfordville FL 32327 Crawfordville FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1994397

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Lawhon, Oleta T.  
P O Box 248  
Highway C-375  
Sopchoppy FL 32358

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. \$425,000.00

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 Taff, Steve G.  
STREET ADDRESS 2074 Deelwood Drive  
CITY-ST-ZIP Tallahassee FL

STREET ADDRESS

500003169285--3  
-03/14/00--01093--018

CITY-ST-ZIP

\*\*\*\*526.25 \*\*\*\*526.25

DOCUMENT #  
NAME Taff, George S.  
STREET ADDRESS 2912 Thomasville Road  
CITY-ST-ZIP Tallahassee FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME Taff, Houston E.  
STREET ADDRESS 854 Aaran Road  
CITY-ST-ZIP Crawfordville FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME Lawhon, Oleta T.  
STREET ADDRESS P O Box 248 Hwy. C-375  
CITY-ST-ZIP Sopchoppy FL 32358

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:

Oleta T. Lawhon  
OLETA T. LAWHON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-22-2000

Date

Daytime Phone #

CR2E003 (9/99)