

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006773 AT

DOCUMENT # **A07392**

1. Entity Name

**TAFF PROPERTIES LTD.**

**FILED**  
02 FEB -4 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**C/O JOYCE C. MILLENDER, CPA**  
**4432 CRAWFORDVILLE HWY.**  
**CRAWFORDVILLE FL 32327**

Mailing Address  
**C/O JOYCE C. MILLENDER, CPA**  
**4432 CRAWFORDVILLE HWY.**  
**CRAWFORDVILLE FL 32327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

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.**  
**HIGHWAY C-375**  
**(P.O. BOX 248)**  
**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.

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  
STREET ADDRESS  
CITY-ST-ZIP  
**TAFF, STEVE G.**  
**2074 DEELWOOD DRIVE**  
**TALLAHASSEE FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TAFF, GEORGE S**  
**2912 THOMASVILLE RD.**  
**TALLAHASSEE FL**

STREET ADDRESS  
CITY-ST-ZIP

**BK**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TAFF, HOUSTON E.**  
**RT. 3, BOX 68**  
**CRAWFORDVILLE FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LAWHON, OLETA T**  
**P.O. BOX 248 (HWY C-375)**  
**SOPCHOPPY FL 32358**

STREET ADDRESS  
CITY-ST-ZIP

**700004910967--4**  
**-02/12/02--01027--003**  
**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
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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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**1-31-02**

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE