

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07489**

1. Entity Name

WISTERIA GARDENS DAIRY, LTD.

Principal Place of Business

**2899 WISTERIA FARM RD.
GREEN COVE SPRINGS FL 32043**

Mailing Address

**2899 WISTERIA FARM RD.
GREEN COVE SPRINGS FL 32043**

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

59-1919566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, SAM R.
2899 WISTERIA FARM ROAD
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

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.

\$76,500.00

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

DOCUMENT #
NAME **WRIGHT, SAM R.**
STREET ADDRESS **2899 WISTERIA FARM RD.**
CITY-ST-ZIP **GREEN COVE SPRGS FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 OF EQUIBAM R. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12301
Date

904 2841420
Daytime Phone #

FILED

01 JAN 29 AM 11:24

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)