

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014300 AT

DOCUMENT # **A07930**

1. Entity Name
FAIRFIELD VILLAGE, LTD.



FILED

03 JAN 21 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2120 DREW STREET
CLEARWATER FL 33765**

Mailing Address
**2120 DREW STREET
CLEARWATER FL 33765**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-1969841**

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

**FUNK, RICHARD B.
2120 DREW ST.
CLEARWATER FL 33765**

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 as Shown on record. **\$135,500.00**

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 # **590286**
NAME **J.R.S. EQUITIES, INC.**
STREET ADDRESS **2120 DREW STREET**
CITY - ST - ZIP **CLEARWATER FL 33765**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME **FUNK, RICHARD B.**
STREET ADDRESS **114 HARBOR VIEW LN**
CITY - ST - ZIP **LARGO FL 33770**

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: *John C. Hartman* **JOHN C. HARTMAN** 1/16/03 727-442-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)