

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007434 AT

DOCUMENT # A08160

1. Entity Name  
ST. MARY'S RIVER BLUFFS, LTD.



FILED  
03 APR 18 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11635 NW 1ST AVENUE  
GAINESVILLE FL 32607

Mailing Address  
11635 NW 1ST AVENUE  
GAINESVILLE FL 32607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-1979941

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

CURTIS, JOHN M.  
11635 N.W. 1ST AVENUE  
GAINESVILLE FL 32607

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. \$0.00

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 # 644942  
NAME ST.MARY'S RIV.BLUFFS INC  
STREET ADDRESS 11635 NW 1ST AVENUE  
CITY-ST-ZIP GAINESVILLE FL

STREET ADDRESS

CITY-ST-ZIP

500016954565  
04/24/03--01036--007 \*\*150.00

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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

St. Mary's River Bluffs, Inc.

The General Partner

By: John M. Curtis 04/16/03

352-332-0838

President

Date

Daytime Phone #

CR2E003 10/02

SIAPLE CHECK HERE