

2000 UNIFORM BUSINESS REPORT (UBR)

①

DOCUMENT # A08578

1. Entity Name

PINE KNOLL LIMITED

FILED

00 AUG -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ROUTE 1, BOX 146B
HOLT FL 32564

Mailing Address

ROUTE 1, BOX 146B
HOLT FL 32564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4900 Antioch Rd.
Suite, Apt. #, etc.

3. Mailing Address

4900 Antioch Rd.
Suite, Apt. #, etc.

City & State

CRESTVIEW, FL
Zip 32536 Country OKALOOSA

City & State

CRESTVIEW, FL
Zip 32536 Country OKALOOSA

4. FEI Number

59-2056811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGRO, JOSEPH F.
RT. 1, BOX 146B
HOLT FL 32564

7. Name and Address of New Registered Agent

Name JOHN W. JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
4900 Antioch Rd
City CRESTVIEW FL Zip Code 32536

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.

\$30,000.00

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

DOCUMENT #
NAME AGRO, JOE F.
STREET ADDRESS ROUTE 1, BOX 146B
CITY-ST-ZIP HOLT FL

DOCUMENT #
NAME JOHNSON, JOHN W.
STREET ADDRESS P. O. BOX 66
CITY-ST-ZIP CRESTVIEW FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)

2 pages

2261400

(850)

689-1664

31 July 00

DEAR SIR:

I DID NOT RECIEVE THE UBR
IN A TIMELY MANNER. MR JOE F. AGRO
PASST AWAY LAST JUNE. HIS WIDOW
PASST THIS PACEST TO ME LAST WEEK
AT CHURCH. I FILLED AS QUICK AS I
RECEIVED THE FORM.

THANK YOU.

SINCERELY

A handwritten signature, possibly "J. F. Agro", written in dark ink over a horizontal line.