

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014239 AT

DOCUMENT # A09719

1. Entity Name
BRYAN DAIRY LIMITED



FILED

2003 JUN 13 PM 3:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
15500 ROOSEVELT BLVD
SUITE 301
CLEARWATER FL 33760-3410
US

Mailing Address
15500 ROOSEVELT BLVD
SUITE 301
CLEARWATER FL 33760-3410
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2032482

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, LESLIE A.
15500
15201 ROOSEVELT BLVD
STE. #112 301
CLEARWATER FL 33760

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$504,500.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000

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 #	A03736	STREET ADDRESS	15500 ROOSEVELT BLVD. STE 301
NAME	LESLIE A. RUBIN, LIMITED	CITY-ST-ZIP	CLEARWATER FL 33760
STREET ADDRESS	15201 ROOSEVELT BLVD		
CITY-ST-ZIP	CLEARWATER FL 33760		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	588818942325
STREET ADDRESS			05/14/03--01054--013 **150.00
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NAME		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

727-530-0021

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE