

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

A14418

DOCUMENT # **A14418**

1. Entity Name

Promised Land, Ltd.

FILED
02 APR 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2752 W. Hannon Hill Dr.

Suite, Apt. #, etc.

3. Mailing Address

2752 W. Hannon Hill Dr.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Tallahassee, FL

Zip **32309**

Country **USA**

City & State

Tallahassee, FL

Zip **32309**

Country **USA**

4. FEI Number

59-2301976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lester, John A.

Street Address (P.O. Box Number is Not Acceptable)

2752 W. Hannon Hill Dr.

City

Tallahassee

FL

Zip Code

32309

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

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 **LESTER, JOHN A.**
STREET ADDRESS **2752 W. Hannon Hill Dr.**
CITY-ST-ZIP **Tallahassee, FL 32308**

STREET ADDRESS

CITY-ST-ZIP

100005480591--5
-05/07/02--01024--007

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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:

John A. Lester **JOHN A. LESTER**

4.30.02

850.894.2116

CR2E003B (12/01)

STAPLE CHECK HERE