

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016166 AT

DOCUMENT # A15518

1. Entity Name  
CITRUS FARM & TIMBER COMPANY, LTD.



FILED

03 JAN 23 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601

Mailing Address  
13205 OLD CRYSTAL RIVER ROAD  
BROOKSVILLE FL 34601

2. Principal Place of Business

13201 Old Crystal River Rd

3. Mailing Address

13201 Old Crystal River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-2340158

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

MCPHERSON, JACK B.  
6640 CONGRESS STREET  
NEW PORT RICHEY FL 34653

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.

\$8,000.00

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 #  
NAME ORAVEC, ANDREW JR.  
STREET ADDRESS 13205 OLD CRYSTAL RIVER ROAD  
CITY-ST-ZIP BROOKSVILLE FL 34601

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME NATARAJAN, GANGAIAH M.D.  
STREET ADDRESS 811 BRIAR LEAS  
CITY-ST-ZIP PORT RICHEY FL

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:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/20/03

3527400-3049

Date

Daytime Phone #

CR2E003 (10/02)