

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19831**

1. Entity Name

OLD FIELDS, LTD.

Principal Place of Business

1319 MICCOSUKEE ROAD
TALLAHASSEE FL 32303

Mailing Address

1319 MICCOSUKEE ROAD
TALLAHASSEE FL 32308-5068

2. Principal Place of Business

1405 CENTERVILLE RD

Suite, Apt. #, etc.

5200

City & State

TALLAHASSEE

Zip

32308

Country

3. Mailing Address

1405 CENTERVILLE RD

Suite, Apt. #, etc.

5200

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HARVEY, CHARLES B.
1319 MICCOSUKEE RD.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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.

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.

\$60,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

60,000

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
STREET ADDRESS
CITY - ST - ZIP

HARVEY, CHARLES B.
1319 MICCOSUKEE RD
TALLAHASSEE FL

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

PENNINGTON, CARL R., JR.
3375-A CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

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

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

000003284510-9
05/12/00-01023-012
****508.75 ****508.75

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

4/6/00

850-877-4179