

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020862 SP

**DOCUMENT # A20171**

1. Entity Name

**BLUE'S CREEK DEVELOPMENT LIMITED**

FILED

02 MAR -7 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

5538-A N.W. 43 STREET  
GAINESVILLE FL 32653

Mailing Address

5538-A N.W. 43 STREET  
GAINESVILLE FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

59-2779761

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

**ROSS, LARRY**  
**5538-A N.W. 43 STREET**  
**GAINESVILLE FL 32653**

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.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$2,800.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>ROSS, LARRY</b>	<b>5538-A N.W. 43 STREET</b>	<b>GAINESVILLE FL 32653</b>

STREET ADDRESS	CITY-ST-ZIP

~~200005097602-4~~  
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\*\*\*\*141.25 \*\*\*\*141.25

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: \_\_\_\_\_

*Larry Ross*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/02

Date

352 377 1294

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)