

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20847**

1. Entity Name
GAINESVILLE CABOT LODGE, LTD.



FILED

03 MAY -6 PM 8:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**1000 RED FERN PLACE
FLOWOOD MS 39232**

Mailing Address
**1000 RED FERN PLACE
FLOWOOD MS 39232**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0728475**

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

**NORRIS, JOHN E.
201 NORTH MARION, SUITE 301
LAKE CITY FL**

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.

\$100.00

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 # **P04808**
NAME **CABOT LODGE, INC.**
STREET ADDRESS **1000 RED FERN PLACE**
CITY-ST-ZIP **FLOWOOD MS 39208**

STREET ADDRESS

CITY-ST-ZIP

39232

DOCUMENT #
NAME **JONES, EARLE F.**
STREET ADDRESS **2552 LAKE CIRCLE**
CITY-ST-ZIP **JACKSON MS**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **STURDIVANT, MIKE P.**
STREET ADDRESS **2460 MEADOWBROOK RD.**
CITY-ST-ZIP **JACKSON MS**

STREET ADDRESS

CITY-ST-ZIP

**000018303480
05/06/03--01095--014 **141.25**

DOCUMENT #
NAME **STURDIVANT, GAINES P.**
STREET ADDRESS **3941 EASTWOOD DRIVE**
CITY-ST-ZIP **JACKSON MS**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **STURDIVANT, MIKE P., JR.**
STREET ADDRESS **ROUTE 1**
CITY-ST-ZIP **GLENDORA MS**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 *Earle F. Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/03 (601) 936-3666 XT128
Date Daytime Phone #

CR2E003 (10/02)

0019897 MB