

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016039 AT

DOCUMENT # **A22190**

1. Entity Name
HARBOR BRIDGE SUGARMILL WOODS III LTD.



FILED

03 MAY -5 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**441 N.E. 1ST STREET
CRYSTAL RIVER FL 34429**

Mailing Address
**PO BOX 490
CRYSTAL RIVER FL 34429**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-2634379**

Applied For

Not Applicable

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

**BARNES AND COHEN CPA'S P.A.
441 N.E. 1ST STREET
CRYSTAL RIVER FL 34429**

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.

\$483,000.00

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
STREET ADDRESS
CITY-ST-ZIP
**PONTICOS, STEVE E.
7 BRYSONIMA COURT WEST
HOMOSASSA FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MAUGHAN, NELSON W.
44 CYPRESS BLVD WEST
HOMOSASSA FL**

STREET ADDRESS
CITY-ST-ZIP

200017921652

05/05/03--01003--014 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SANDERS, JAMES T.
137 DOUGLAS ST
HOMOSASSA FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BARNES, G. MAX
P.O. BOX 2215
CRYSTAL RIVER FL 34423**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
G. MAX BARNES

Date

Daytime Phone #

4/28/03 352 563 1300

CR2E003 (10/02)

PLEASE CHECK HERE