

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22594**

1. Entity Name

**BOYLES TREE FARM, LTD.**

Principal Place of Business

~~ROUTE 1, BOX 2656~~  
LEE FL 32059

Mailing Address

~~ROUTE 1, BOX 2656~~  
LEE FL 32059

2. Principal Place of Business

**4411 NE County Rd 255**

3. Mailing Address

**4411 NE County Rd 255**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Lee, FL**

City & State  
**Lee, FL**

Zip  
**32059**

Country  
**USA**

Zip  
**32059**

Country  
**USA**

4. FEI Number

**54-1386455**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2002**



APPROVED  
AND  
FILED  
02 APR 16 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000047 AI

6. Name and Address of Current Registered Agent

**RUFF, FRANK H**  
**101 N. RANGE STREET**  
**MADISON FL 32341-0570**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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.

**\$29,978.27**

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

DOCUMENT #	
NAME	<b>BOYLES, DAVID J</b>
STREET ADDRESS	<del>ROUTE 1, BOX 2656</del>
CITY-ST-ZIP	<b>LEE FL 32059</b>
DOCUMENT #	
NAME	<b>BOYLES, FREDERICK H</b>
STREET ADDRESS	<b>200 WEBBER ROAD</b>
CITY-ST-ZIP	<b>AMERICUS GA</b>
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	<b>4411 NE County Rd 255</b>
CITY-ST-ZIP	<b>Lee, FL 32059</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200005328342--8</b>
CITY-ST-ZIP	<b>-04/24/02--01015--004</b>
STREET ADDRESS	<b>****298.59 ****298.59</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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:

*David J Boyles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/7/02**  
Date

**850-971-5392**  
Daytime Phone #