

2001 UNIFORM BUSINESS REPORT (UBR)

0010554 AF

DOCUMENT # **A22757**

1. Entity Name

SFG PROPERTIES, LTD.

FILED

Principal Place of Business

P.O. BOX 985
LAKE PLACID FL 33852

Mailing Address

P.O. BOX 985
LAKE PLACID FL 33852

01 APR 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2584076

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

GRIGSBY, RONALD P.
4101 S.R. 70 EAST
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **RONALD P. GRIGSBY**

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

1511 US 27 South

City

LAKE PLACID

FL

Zip Code

33852

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

Ronald Grigsby

4-11-01

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.

\$2,475,490.00

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

DOCUMENT #
NAME **GRIGSBY, SAMUEL F.**
STREET ADDRESS **1070 ST. IVES CT.**
CITY-ST-ZIP **MORRISTOWN TN 37814**

DOCUMENT #
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CITY-ST-ZIP

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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

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:

Ronald Grigsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/01
Date

863-465-4456
Daytime Phone #

CR2E003 (11/00)