

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23020**

1. Entity Name
THE BRADSHAW FAMILY LIMITED PARTNERSHIP



FILED

03 MAY -2 PM 7:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
**22051 N. O'BRIEN ROAD
HOWEY-IN-THE HILLS FL 34737**

Mailing Address
**P.O. BOX 547853
ORLANDO FL 32854-7853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-2803567**

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

**BRADSHAW, CHARLES E., JR.
22051 N. O'BRIEN RD
HOWEY-IN-THE-HILLS FL 34731**

Name

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

City

600017912136

05/02/03--01102--024 **141.25
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. **\$0.00**

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 **BRADSHAW, CHARLES E. JR.**
STREET ADDRESS **22051 O'BRIEN ROAD**
CITY-ST-ZIP **HOWEY-IN-THE-HILLS FL**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

B. Bradshaw, Jr. 4/29/03 (352) 429-4145

Date

Daytime Phone #

CR2E003 (10/02)

0008683 AT