

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23978**

1. Entity Name

HICKORY SHORE LAND LIMITED PARTNERSHIP

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business

GAYLE PIET
1758 ENSENADA DOS
PENSACOLA BEACH FL 32561

Mailing Address

GAYLE PIET
1758 ENSENADA DOS
PENSACOLA BEACH FL 32561-2416

2. Principal Place of Business

3. Mailing Address

P.O. Box 1451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gulf Breeze FL

Zip

Country

Zip

Country

32562

US

4. FEI Number

59-2861077

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

PIET, GAYLE
1758 ENSENADA DOS
PENSACOLA BEACH FL 32561

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.

SIGNATURE

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.

\$200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P12709**
NAME **HICKORY SHORE LAND CORP.**
STREET ADDRESS **4400 HICKORY SHORE BLVD.**
CITY - ST - ZIP **GULFBREEZE FL 32561**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

Date

Daytime Phone #

CF2 500 (5/99)