

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A24619**

1. Entity Name  
**PANHANDLE ESTATES OF MILTON, LTD.**

Principal Place of Business  
**2800 DOGWOOD DR., #10-C  
MILTON FL 32570**

Mailing Address  
**3758 BENGAL RD.  
GULF BREEZE FL 32561-3450**

2. Principal Place of Business  
**6585 Brock Ave.**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Milton, Florida**

City & State

Zip  
**32570-1312**

Country  
**U.S.A.**

Zip


Country

APPROVED  
ALL  
FILED

00 MAR 20 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 3/29*



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2847541**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORSLEY, RICHARD T.  
3758 BENGAL RD.  
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$95.00**

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 #	<b>FORSLEY, RICHARD 3758 BENGAL RD. GULF BREEZE FL 32561</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
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

Date **3-15-00** Daytime Phone #

0016638 AF

CR2E003 (9/99)