

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0005725 AT

DOCUMENT # **A25736**

1. Entity Name  
**ORANGE PARK INVESTMENT PROPERTIES, LTD.**



**FILED**

03 MAR 27 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**555 WELLS RD.  
ORANGE PARK FL 32073**

Mailing Address  
**555 WELLS RD.  
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2899127**

Applied For  
Not Applicable

**DUE BY MAY 1, 2003**

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

**BOATRIGHT, RONALD O.  
555 WELLS RD.  
ORANGE PARK FL 32073**

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. 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. **\$420,000.00**

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 **BOATRIGHT, RONALD O.**  
STREET ADDRESS **555 WELLS RD.**  
CITY-ST-ZIP **ORANGE PARK FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **MARTIN, CARLYLE K.**  
STREET ADDRESS **1893 KINGSLEY AVE., #1893**  
CITY-ST-ZIP **ORANGE PARK FL**

STREET ADDRESS

CITY-ST-ZIP

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**M THOMAS**

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 #

*Ronald Boatright*  
*OK*  
3/25/03 904 276-3535

CR2E003 (10/02)

STATE CHECK HERE