

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014728 AT

DOCUMENT # A26357

1. Entity Name  
PUK FAMILY LIMITED PARTNERSHIP



**FILED**

03 APR 17 AM 7:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
P.O. BOX 231  
LAKE WALES FL 33859

Mailing Address  
P.O. BOX 231  
LAKE WALES FL 33859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2886336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UPDIKE, LAWRENCE C.  
68 MAMMOTH GROVE ROAD  
LAKE WALES FL 33853

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.

000016220420

04/17/03 01060 014 \*\*526.25  
DATE

9. Capital Contributions  
as Shown on record. \$990,000.00

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 # 144781  
NAME U & H CITRUS PROPERTIES, INC.  
STREET ADDRESS 68 MAMMOTH GROVE ROAD  
CITY-ST-ZIP LAKE WALES FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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: \_\_\_\_\_

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lawrence C. Updike, Sec/Trs

863-696-1487

Date

Daytime Phone #

CR2E003 (10/02)