

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007986 AT

DOCUMENT # A26557

1. Entity Name
THE DALE E. WOLFORD FAMILY LIMITED PARTNERSHIP-B



FILED
03 APR 30 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3500 TUSKAWILLA RD S
OVIEDO FL 32765

Mailing Address
3500 TUSKAWILLA RD S
OVIEDO FL 32765

2. Principal Place of Business
P. O. Box 454
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 454
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Chickasha, OK

City & State
Chickasha, OK

4. FEI Number 59-2890630

Applied For
Not Applicable

Zip Country
73023-0454 USA

Zip Country
73023-0454

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

WOLFORD, DALE E
3500 TUSKAWILLA RD S
OVIEDO FL 32765

Name
JACQUELINE A WOLFORD
Street Address (P.O. Box Number is Not Acceptable)
3500 TUSKAWILLA RD S, SOUTH
City OVIEDO FL Zip Code 32765

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 *Jacqueline A. Wolford*
Signature, typed or printed name of registered agent and title if applicable.

4/17/03
DATE

9. Capital Contributions
as Shown on record. \$71,540.00

10. Amount of Capital Contributions
in FLORIDA to date. - 0 - -

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 WOLFORD, DALE E
STREET ADDRESS 3500 TUSKAWILLA RD S
CITY-ST-ZIP OVIEDO FL 32765

STREET ADDRESS 2208 UNIVERSITY PARK
CITY-ST-ZIP CHICKASHA, OK 73018

DOCUMENT #
NAME WOLFORD, JACQUELINE D
STREET ADDRESS 3500 TUSKAWILLA RD S
CITY-ST-ZIP OVIEDO FL 32765

STREET ADDRESS
CITY-ST-ZIP 04/30/03--01072--026 **141.25

DOCUMENT #
NAME
STREET ADDRESS 900017583429
CITY-ST-ZIP 04/30/03--01072--026 **141.25

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DOCUMENT #
NAME
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 Dale E. Wolford

4/08/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE