

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A31200

1. Entity Name

THE BLAKEWOOD AND KILLIAN LIMITED PARTNERSHIP

00 JAN 21 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3235 S.W. 62ND LANE
GAINESVILLE FL 32608

Mailing Address

3235 S.W. 62ND LANE
GAINESVILLE FL 32608-5218



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 59-3046078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAKEWOOD, STEPHEN W.

3235 SW 62ND LANE
GAINESVILLE FL 32608

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.

\$1,000.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
BLAKEWOOD, STEPHEN W.
3235 S.W. 62ND LANE
GAINESVILLE FL

STREET ADDRESS

CITY - ST - ZIP

300003114623--3

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
BLAKEWOOD, SALLY K.
3235 S.W. 62ND LANE
GAINESVILLE FL

STREET ADDRESS

CITY - ST - ZIP

01/28/00-01066-007
****666.50 ****141.25

DOCUMENT #
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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 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 #

\$141.25