

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A32066**

1. Entity Name

PANAMA CITY BEACH OFFICE PARK, LTD.

Principal Place of Business

2605 THOMAS DRIVE
PANAMA CITY BCH FL 32411

Mailing Address

P.O. BOX 28300
PANAMA CITY BEACH FL 32411



2. Principal Place of Business

3. Mailing Address

2605 THOMAS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PANAMA CITY BEACH FL

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

63-1053086

Applied For

Not Applicable

Zip

Country

Zip

Country

32408

FL

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

DURDEN, K. EARL

2605 THOMAS DR.

PANAMA CITY BEACH FL 32408

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.

DATE

9. Capital Contributions
as Shown on record.

\$301,440.00

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 # P35788
NAME RAIL MGMT. & CONS. CORP.
STREET ADDRESS 2605 THOMAS DR
CITY-ST-ZIP PANAMA CITY BCH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/15/02

850-230-8331

CR2E003 (9/01)