

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32224**

1. Entity Name

EMORY CARTER FARM LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:27

Principal Place of Business

858 EVERGREEN AVENUE

LAKE CITY FL 32025-6846

Mailing Address

858 EVERGREEN AVENUE

LAKE CITY FL 32025-6846



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3093879

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREENE, MARY ANN

858 EVERGREEN AVENUE

LAKE CITY FL 32025

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.

\$2,100,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,100,000

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

GREENE, MARY ANN
858 EVERGREEN AVENUE
LAKE CITY FL 32025

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

CARTER, DORIS M
858 EVERGREEN AVENUE
LAKE CITY FL 32025

STREET ADDRESS

CITY - ST - ZIP

600003145106-9

02/23/00 01095 000

*****535.00 ***535.00**

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NAME

STREET ADDRESS

CITY - ST - ZIP

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Mary Ann Greene*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mary Ann Greene

2-7-2000

Date

904-752-5549

Daytime Phone #

0012096

AF

CR2E003 (9/99)