

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006666 AT

DOCUMENT # **A32224**

1. Entity Name
EMORY CARTER FARM LIMITED PARTNERSHIP



FILED

03 APR 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2003

4. FEI Number **59-3093879**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENE, MARY ANN
858 EVERGREEN AVENUE
LAKE CITY FL 32055**

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.

DATE

9. Capital Contributions as Shown on record. **\$2,100,000.00**

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

ADDRESS CHANGES ONLY

DOCUMENT #
NAME **GREENE, MARY ANN**
STREET ADDRESS **858 EVERGREEN AVENUE**
CITY-ST-ZIP **LAKE CITY FL 32025**

STREET ADDRESS

CITY-ST-ZIP

**100016122811
04/16/03--01067--013 **535.00**

DOCUMENT #
NAME ~~**CARTER, DORIS M**~~
STREET ADDRESS ~~**858 EVERGREEN AVENUE**~~
CITY-ST-ZIP ~~**LAKE CITY FL 32025**~~

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **MILLIGAN, PAIGE CARTER**
STREET ADDRESS **651 Avalon St.**
CITY-ST-ZIP **Lake City, FL 32025**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **GREENE, AUDREY ANN**
STREET ADDRESS **4450 Goodbys Highway Dr. N.**
CITY-ST-ZIP **Jacksonville, FL 32217**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **GUERRY, BRYAN HARRISON**
STREET ADDRESS **Route 22, Box 2393**
CITY-ST-ZIP **Lake City, FL 32024**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: *Mary Ann Greene*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MARY ANN GREENE, GENERAL PARTNER

4/16/03

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE