

2001 UNIFORM BUSINESS REPORT (UBR)

0002114 AI

DOCUMENT # **A32723**

1. Entity Name

SOUTHERN ACRES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 9:54



Principal Place of Business

**2040 N.W. 67TH PLACE
GAINESVILLE FL 32653**

Mailing Address

**2040 N.W. 67TH PLACE
GAINESVILLE FL 32653**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number

NOT APPLICABLE

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

**CARPENTER, RONALD A
4127 N.W. 27TH LANE
GAINESVILLE FL 32606**

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

\$500.00

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 # **V18943**
NAME **SOUTHERN ACRES LANDHOLDING, INC.**
STREET ADDRESS **2040 N.W. 67TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**600004636176--6
-10/15/01--01033--016
****141.25 ****141.25**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)



Money & Service Since 1959

October 9, 2001

Certified Mail

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attention: Nanette Causseaux

Re: Southern Acres, Ltd. Document #A32723

Dear Ms. Causseaux:

I am returning our filing and original check in the amount of \$141.25 pursuant to our conversation this date at 9:20 AM. You reminded me that the form we submitted was a reminder of an original sent January 1, 2001. I affirm that I never received the original and paid the reminder immediately upon receipt. I believe your records will confirm we have never paid late before.

In order to avoid nondelivery I wonder if you would send future filing fee notices, addressed to 2040 NW 67th Place, to my attention at the same address. Your consideration is much appreciated.

Sincerely,

Herbert W. Clark
SVP & CFO

cc: G.T. Mallini
Ronald Carpenter