

2002 UNIFORM BUSINESS REPORT (UBR)

0006692 AT

DOCUMENT # **A3333**

1. Entity Name

BLOCK LAND & FINANCE COMPANY, LTD.

FILED

2002 MAR -5 AM 10:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**1415 EAST PIEDMONT DRIVE, SUITE 3
TALLAHASSEE FL 32312**

Mailing Address
**1415 EAST PIEDMONT DRIVE, SUITE 3
TALLAHASSEE FL 32312**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-3140398

Applied For

Not Applicable

Zip
32308

Country

Zip
32308

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

**BLOCK, BYRON
1415 EAST PIEDMONT DRIVE, SUITE 3
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32308

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. **\$8,967,217.86**

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 # **P40055**
NAME **BLOCK LAND & FINANCE, INC**
STREET ADDRESS **1415 E. PIEDMONT DR, #3**
CITY-ST-ZIP **TALLAHASSEE FL**

STREET ADDRESS

CITY-ST-ZIP

New Zip: **32308**

DOCUMENT #
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CITY-ST-ZIP

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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

Byron B. Block 02/22/02 850-385-3900

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE