

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A94000000089**  
 1. Entity Name  
**SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PART**

**FILED**

01 APR 20 PM 12:12

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



Principal Place of Business  
**1560 LANCASTER TERRACE. #1500  
 JACKSONVILLE FL 32204**

Mailing Address  
**1560 LANCASTER TERRACE. #1500  
 JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-3254169** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**YONG, FRANK J  
 CONE YONG STEWART & HOUSTON, P.A.  
 1050 RIVERSIDE AVENUE  
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**701 Fisk Street**  
 Suite 110  
 City Jacksonville FL Zip Code 32204

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$5,000,000.00**

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	
DOCUMENT #	<b>P93000088317</b>
NAME	<b>SNEAD Y. DAVIS, INC.</b>
STREET ADDRESS	<b>1560 LANCASTER TERRACE, #1500</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>9000004137169--2</b>
CITY-ST-ZIP	<b>-05/04/01--01094--020</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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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

**Snead Y. Davis, President of Snead Y. Davis, Inc., (general partner)**

SIGNATURE: *Snead Y. Davis* **SIGNATURE REQUIRED** Date: **4-17-01** Daytime Phone #: **904-355-8944**

CR2E003 (11/00)