

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006215 AT

**DOCUMENT # A94000000089**



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

**1. Entity Name**  
SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PART  
NERSHIP

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

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



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

**4. FEI Number** 59-3254169

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**

**YONG, FRANK J**  
CONE YONG STEWART & HOUSTON, P.A.  
701 RIVERSIDE PARK PLACE STE. 110  
JACKSONVILLE FL 32204

Name  
**Frank J. Yong,**  
Street Address (P.O. Box Number is Not Acceptable)  
**Cone & Yong, P.A.**  
**701 Riverside Park Place, 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Frank J. Yong*  
Signature, typed or printed name of registered agent and title if applicable

*4/21/03*  
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 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**

**13. ADDRESS CHANGES ONLY**

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

**STREET ADDRESS**  
**CITY-ST-ZIP**  
**300017861093**  
**05/02/03--01013--021 \*\*526.25**

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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:** *Snead Y. Davis*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
SNEAD Y. DAVIS

**4-28-03** **(904) 355-8941**  
Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)