

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016590 AT

DOCUMENT # A94000000933



1. Entity Name  
YOUNGBLOOD FAMILY LIMITED PARTNERSHIP

FILED  
03 JAN 15 AM 10:57

Principal Place of Business  
440 N. DILLARD STREET  
WINTER GARDEN FL 34787

Mailing Address  
P.O. BOX 770454  
WINTER GARDEN FL 34777

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

Zip

Country

Zip

Country

4. FEI Number 59-3259951

Applied For

Not Applicable

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

YOUNGBLOOD, B C  
438 BUTLER AVE  
WINDERMERE FL 34786

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. \$2,537,488.00

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 #  
NAME YOUNGBLOOD, ELMER G  
STREET ADDRESS 9155 BAY POINT DR.  
CITY-ST-ZIP ORLANDO FL 34786

STREET ADDRESS

CITY-ST-ZIP

300010099859  
01/15/03--01008--003 \*\*526.25

DOCUMENT #  
NAME YOUNGBLOOD, B C  
STREET ADDRESS 436 BUTLER AVE  
CITY-ST-ZIP WINDERMERE FL 34786

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE REQUIRED BC YOUNGBLOOD 1/9/03 407-656-1818

Date

Daytime Phone #

CR2E003 (10/02)