

2001 UNIFORM BUSINESS REPORT (UBR)

0009009 AF

DOCUMENT # A94000001111

1. Entity Name

NOLA T. REYNOLDS TRUST FAMILY LIMITED PARTNERSHI

FILED

01 APR 18 PM 12:17

Principal Place of Business

257 S.E. AVENUE E
BELLE GLADE FL 33430

Mailing Address

46727 CORKSCREW BLVD.
PO BOX 8
LAKE HARBOR FL 33459

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0509761

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

REYNOLDS, CARLOS L
31 EAST CORKSCREW BLVD.
LAKE HARBOR FL 33459

Name

James M. Gann

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

257 S. E. AVenue E

City

Belle Glade

FL

Zip Code

33430

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 as Shown on record.

\$309,826.00

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 #
NAME WEEKS, MARTHA L.T. TRUSTEE
STREET ADDRESS P.O. BOX 8, 31 E. CORKSCREW BLVD.
CITY-ST-ZIP LAKE HARBOR FL 33459

STREET ADDRESS

CITY-ST-ZIP

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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 (11/00)