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03 MAY -6 PM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A94000001111			
1. Entity Name NOLA T. REYNOLDS TRUST FAMILY LIMITED PARTNERSHIP			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0509761		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANN, JAMES M 267 S.E. AVENUE E BELLE GLADE, FL 33430		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.			
9. Capital Contributions as Shown on record. \$309,826.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	WEEKS, MARTHA L.T. TRUSTEE	STREET ADDRESS	
NAME	P.O. BOX 8, 31 E. CORKSCREW BLVD.	CITY - ST - ZIP	
STREET ADDRESS	LAKE HARBOR, FL 33459		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			
14. I hereby certify that the information supplied with this form 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: <i>Martha L.T. Weeks Trustee</i>		4/28/03 501.996.1843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



CR2003 (10/02)

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