

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006818 AT

DOCUMENT # A94000001213

1. Entity Name

GDP LIMITED PARTNERSHIP

FILED

02 FEB 13 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

23 SAILFISH DR  
PALM COAST FL 32137

Mailing Address

P.O. BOX 354650  
PALM COAST FL 32135

2. Principal Place of Business

39 FRONT STREET

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

PALM COAST, FL

City & State

4. FEI Number

65-0501627

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHAEFER, DAVID J  
23 SAILFISH DR  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

(SAME)

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

39 FRONT STREET

City

PALM COAST

FL

Zip Code

32137

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]*

DAVID J. SCHAEFER

2/8/2002

DATE

9. Capital Contributions  
as Shown on record.

\$1,224,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SCHAEFER, DAVID J  
23 SAILFISH DR  
PALM COAST FL 32137

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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

39 FRONT STREET

CITY-ST-ZIP

PALM COAST, FL 32137

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DAVID J. SCHAEFER

2/8/2002

Date

Daytime Phone #

CR2E003 (9/01)