

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001507

1. Entity Name

APPLEFIELD FAMILY EQUITY LIMITED PARTNERSHIP

Principal Place of Business
8701 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32407

Mailing Address
8701 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32408-4509

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 59-3287301

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

APPLEFIELD, BRYAN
8701 NORTH LAGOON DRIVE
PANAMA CITY BEACH FL 32407

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00

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 # P94000077255
NAME SKY BOUND, INC.
STREET ADDRESS 8701 NORTH LAGOON DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

STREET ADDRESS

CITY-ST-ZIP

300003293293-8
-06/16/00--01012--001
*****150.00 *****150.00

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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

[Signature] 5-1-2000 334-793-0997
Date Daytime Phone #

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE