

2001 UNIFORM BUSINESS REPORT (UBR)

0013434 AF

DOCUMENT # **A94000001671**

1. Entity Name

CALLAWAY LAND & CATTLE CO. LIMITED PARTNERSHIP

FILED

[Handwritten signature]

Principal Place of Business

603 N. INDIAN RIVER DRIVE
SUITE 104
FORT PIERCE FL 34950

Mailing Address

603 N. INDIAN RIVER DRIVE
SUITE 104
FORT PIERCE FL 34950

01 APR -02 AM 11:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30395 NW 72nd Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 370

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

59-3281214

Applied For

Not Applicable

Zip

34972

Country

US.

Zip

34973

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEE, FRANK H III
603 N. INDIAN RIVER DR.
SUITE 104
FORT PIERCE FL 34950

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.

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.

\$11,603,556.00

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 # 665938
NAME CALLAWAY LAND & CATTLE CO., INC.
STREET ADDRESS 603 N. INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34950

13. ADDRESS CHANGES ONLY

STREET ADDRESS

30395 NW 72nd Ave

CITY-ST-ZIP

Okeechobee, FL 34972

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:

[Handwritten signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)