

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001735

1. Entity Name

B.O.B. TALLAHASSEE PARTNERS, LTD.

Principal Place of Business

1800 THOMASVILLE ROAD
TALLAHASSEE FL 32303

Mailing Address

1800 THOMASVILLE ROAD
TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

02 MAY -2 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

-59-3266255-

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

** Correct FEIN:

DYE, DON D
236 E. FIFTH AVE.
TALLAHASSEE FL 32303

59-3387162

7. Name and Address of New Registered Agent

Name

Corporate Services, Inc.

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

537 East Park Avenue

City

Tallahassee

FL

Zip Code
32301

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

Steven E. Sellers, Pres/Corporate Services, Inc. 1/30/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$125,000.00

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 # P94000054759
NAME B.O.B. TALLAHASSEE, INC.
STREET ADDRESS 1800 THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500005555525--9

STREET ADDRESS

-05/16/02--01068--033

CITY-ST-ZIP

***526.25 ***526.25

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:

Pres / D.C.

4/10/02

545 1910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

000629 AT

CR2E003 (9/01)