

2001 UNIFORM BUSINESS REPORT (UBR)

0013438

DOCUMENT # A95000000211

1. Entity Name

HAVERLOCK FAMILY, LTD.

FILED
May 18, 2001 8:00 A.
Secretary of State

Principal Place of Business

3003 S.W. 28TH STREET
OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 759
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3298405

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAVERLOCK, FAYE A
3003 SW 28TH STREET
OKEECHOBEE FL 34974

Name

Faye A Haverlock

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

309 SW 15th street

City

Okeechobee

FL

Zip Code

34974

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.

\$525,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
HAVERLOCK, FAYE A TRUSTEE
3003 SW 28TH STREET
OKEECHOBEE FL 34974

STREET ADDRESS
CITY - ST - ZIP
400004418994--8
06/14/01 01003-024
****535.00 ****535.00

DOCUMENT #
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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:

Faye A Haverlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-01

Date

863-347-2442

Daytime Phone #

CR2E003 (11/00)