

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE:  
AND  
FILED

0007029  
AT

DOCUMENT # A95000001639

1. Entity Name

VAN PELT FAMILY LIMITED PARTNERSHIP

02 APR 17 PM 12: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9410 HIGHWAY 97  
CENTURY FL 32535

Mailing Address

9410 HIGHWAY 97  
CENTURY FL 32535

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

59-3363491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN PELT, JAMES G  
9410 HIGHWAY 97  
CENTURY FL 32535

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.

DATE

9. Capital Contributions  
as Shown on record.

\$275,129.00

10. Amount of Capital Contributions  
in FLORIDA to date.

275129

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 # P95000070652  
NAME VAN PELT BROS. DAIRY, INC.  
STREET ADDRESS 9410 HIGHWAY 97  
CITY-ST-ZIP CENTURY FL 32535

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (9/01)

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: *James G. Van Pelt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/13/02  
Date

850-327-4513  
Daytime Phone #