

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006987 AT

DOCUMENT # A95000001808



1. Entity Name
THE HAYES TIMBER LIMITED PARTNERSHIP

Principal Place of Business
**HIGHWAY 275 NORTH
BLOUNTSTOWN FL 32424**

Mailing Address
**P.O. BOX 794
BLOUNTSTOWN FL 32424**

FILED

03 APR 16 AM 7:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4/16

DUE BY MAY 1, 2003

4. FEI Number **59-3344782** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, D. BURKE
HIGHWAY 275 NORTH
BLOUNTSTOWN FL 32424**

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. **\$7,544,800.89**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P95000089638
NAME	HAYES TIMBER CORPORATION
STREET ADDRESS	HIGHWAY 275 NORTH
CITY-ST-ZIP	BLOUNTSTOWN FL 32424
DOCUMENT #	
NAME	HAYES, D. BURKE
STREET ADDRESS	HIGHWAY 275 NORTH
CITY-ST-ZIP	BLOUNTSTOWN FL 32424
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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NAME	
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CITY-ST-ZIP	

STREET ADDRESS	
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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: *D. Burke Hayes* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-08-03 850-679-5789
Date Daytime Phone #

CRZE003 (10/02)

SAMPLE CHECK HERE