

2002 UNIFORM BUSINESS REPORT (UBR)

0019825 AB

DOCUMENT # **A95000002027**

1. Entity Name

WOOLFOLK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

225/30

02 MAY 16 PM 12:48

Principal Place of Business

**C/O STEVE JACOBSON
19000 POINT DRIVE
TEQUESTA FL 33469**

Mailing Address

**C/O BRUCE WOOLFOLK
6657 MT. VERNON RD.
CEDAR RAPIDS IA 52403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0631459

Applied For

Not Applicable

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

**JACOBSON, STEVE
19000 POINT DRIVE
TEQUESTA FL 33469**

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.

\$902,000.00

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
**WOOLFOLK, BRUCE
6657 MT. VERNON RD. SE
CEDAR RAPIDS IA 52403**

STREET ADDRESS

CITY-ST-ZIP

**100005677251--9
-06/04/02--01030--025**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**WOOLFOLK, BETTY
13270 SIR FRANCES DRAKE
INVERNESS CA 94937**

STREET ADDRESS

CITY-ST-ZIP

*****526.25 ***526.25**

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:

Bruce Woolfolk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Bruce Woolfolk

Date

Daytime Phone #

4/30/02

319 362 8975

CR2E003 (9/01)