

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002027**

1. Entity Name
WOOLFOLK, LTD.



FILED

03 APR -9 PM 3:33

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

4. FEI Number **65-0631459**

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

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

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

04/03/03 41007-004 **526.25

9. Capital Contributions as Shown on record. **\$902,000.00**

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 #
NAME **WOOLFOLK, BRUCE**
STREET ADDRESS **6657 MT. VERNON RD. SE**
CITY-ST-ZIP **CEDAR RAPIDS IA 52403**

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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04/03/03--01007--004 **526.25

M THOMAS

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:

SIGNATURE REQUIRED
Bruce Woolfolk

Date

Daytime Phone #

4/2/03 319
362-8975

CR2E003 (10/02)

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