

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012229 AT

DOCUMENT # A96000000397

1. Entity Name  
THE COLBERT FAMILY PARTNERSHIP, LTD.



FILED

03 MAY -2 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business  
920 E. DEL MONTE CONDO 929  
CLEWISTON FL 33440

Mailing Address  
920 E. DEL MONTE CONDO 929  
CLEWISTON FL 33440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0647866

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

MARTIN, MARY ANN C  
920 EAST DEL MONTE  
CLEWISTON FL 33440

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.

DATE

9. Capital Contributions  
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

3,000,000

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 COLBERT, MARY TRUSTEE  
STREET ADDRESS 1705 SOUTH WALNUT  
CITY-ST-ZIP PAUL'S VALLEY OK 73075

STREET ADDRESS

CITY-ST-ZIP

500017920635

05/02/03--01125--015 \*\*526.25

DOCUMENT #  
NAME BOZARTH, CYNTHIA C TRUSTEE  
STREET ADDRESS 6529 CAHOBA DRIVE  
CITY-ST-ZIP FORT WORTH TX 76135

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME MARTIN, MARY ANN C TRUSTEE  
STREET ADDRESS 511 DEL MONTE  
CITY-ST-ZIP CLEWISTON FL 33440

STREET ADDRESS

CITY-ST-ZIP

920 EAST DEL MONTE  
CLEWISTON FL 33440

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STREET ADDRESS 1705 SOUTH WALNUT  
CITY-ST-ZIP PAUL'S VALLEY OK 73075

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CITY-ST-ZIP

DOCUMENT #  
NAME MARTIN, MARY ANN C  
STREET ADDRESS 511 DEL MONTE  
CITY-ST-ZIP CLEWISTON FL 33440

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:

Mary Ann C Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03

Date

863 983-3151

Daytime Phone #

CR02E003 (10/02)

STAPLE CHECK HERE