

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006687
A7

DOCUMENT # A96000000712

1. Entity Name
THE REID FAMILY PARTNERSHIP, LTD.



FILED

MJH

03 APR 18 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
901 NW 4TH STREET
JASPER FL 32052

Mailing Address
901 NW 4TH STREET
JASPER FL 32052

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, 2003

4. FEI Number 59-3363528

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

REID, HARRY T
901 N.W. 4TH ST.
JASPER FL 32052

Name James Harrell Reid

Street Address (P.O. Box Number is Not Acceptable)

901 N.W. 4TH ST.

500016236645

04/18/03--01020--001 **526.25

City Jasper

FL

Zip Code 32052

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.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,000,000

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 # M99000001688
NAME REID FAMILY GP, LLC
STREET ADDRESS 901 NW 4TH ST.
CITY-ST-ZIP JASPER FL 32052

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED GP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/14/03 (386) 792-1552

Date

Daytime Phone #

CR2E003 (10/02)

SIAPLE CHECK HERE