

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000766**

1. Entity Name
DOUGHERTY FAMILY LIMITED PARTNERSHIP



ck. 1041
4-5-04
\$526.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 14 PM 12:58

Principal Place of Business
824 WESTWIND DRIVE 218 Lower Falls Dr
BLACK RIVER FALLS WI 54615

Mailing Address
824 WESTWIND DRIVE 218 Lower Falls Dr
BLACK RIVER FALLS WI 54615



2. Principal Place of Business
218 Lower Falls Drive

3. Mailing Address
218 Lower Falls Drive

DUE BY MAY 1, 2003

City & State
Black River Falls, WI

Zip
54615

Country
JACKSON

4. FEI Number **59-3394272**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGHERTY, CAROL
9046 LAUREL RIDGE DR.
MOUNT DORA FL 32757

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

DATE

9. Capital Contributions
as Shown on record. **\$950,000.00**

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 #		STREET ADDRESS	218 Lower Falls Drive
NAME	DOUGHERTY, CAROL	CITY-ST-ZIP	Black River Falls, WI 54615
STREET ADDRESS	824 WESTWIND DRIVE		
CITY-ST-ZIP	BLACK RIVER FALLS WI 54615		
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CITY-ST-ZIP			

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04/28/04--01071--027 **526.25

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.

Carol Dougherty