

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000000766



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
DOUGHERTY FAMILY LIMITED PARTNERSHIP

Principal Place of Business
824 WESTWIND DRIVE
BLACK RIVER FALLS WI 54615

Mailing Address
824 WESTWIND DRIVE
BLACK RIVER FALLS WI 54615

2. Principal Place of Business
218 Lower Falls Drive

3. Mailing Address
218 Lower Falls Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Black River Falls, WI

City & State
Black River Falls, WI

4. FEI Number 59-3394272

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

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

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]
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 #
NAME DOUGHERTY, CAROL
STREET ADDRESS 824 WESTWIND DRIVE
CITY-ST-ZIP BLACK RIVER FALLS WI 54615

STREET ADDRESS

218 Lower Falls Drive

CITY-ST-ZIP

Black River Falls, WI 54615

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

600016072606

CITY-ST-ZIP

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M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

715-284-9575

CR2E003 (10/02)

STAPLE CHECK HERE