

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001345**

1. Entity Name

BRADFORDVILLE PHIPPS LIMITED PARTNERSHIP

FILED

00 JAN 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1867 CHARDONNAY PLACE
TALLAHASSEE FL 32311

Mailing Address

1867 CHARDONNAY PLACE
TALLAHASSEE FL 32312-1086

2. Principal Place of Business

3935 Old Mill Run

3. Mailing Address

3935 Old Mill Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3398907

Applied For

Not Applicable

Zip

32312

Country

Zip

32312

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIUDICE, WILLIAM A

1867 CHARDONNAY PLACE

TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

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

3935 Old Mill Run

City

Tallahassee

FL

Zip Code

32312

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-00

9. Capital Contributions
as Shown on record.

\$1,137,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P96000053915
NAME BRADFORDVILLE LAND COMPANY, INC.
STREET ADDRESS 1867 CHARDONNAY PLACE
CITY - ST - ZIP TALLAHASSEE FL 32311

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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

3935 Old Mill Run

CITY - ST - ZIP

Tallahassee, FL 32312-1062

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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

Secy/Treas 1/10/00

Date

Daytime Phone #

856-431-5238