

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001451**

1. Entity Name

OLD WORLD CRAFTSMEN, LTD.

Principal Place of Business

P.O. BOX 1815

LAKE CITY FL 32056

Mailing Address

P.O. BOX 1815

LAKE CITY FL 32056

FILED

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SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3385892

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GANSKOP, JEFFREY L
HIGHWAY 47 SOUTH
SOUTHWOOD ACRES SUBDIVISION
LAKE CITY FL 32056**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **GANSKOP, JEFFREY L**
STREET ADDRESS **P.O. BOX 1815 N/A**
CITY-ST-ZIP **LAKE CITY FL 32056**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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:

Jeffrey L. Ganskop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jeffrey L. Ganskop

1-17-01

(904) 758-3264

Date

Daytime Phone #

CR2E003 (11/00)