

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001918

1. Entity Name

THE FAIRE HARBOUR LIMITED PARTNERSHIP

Principal Place of Business

13658 MAHDARIN ROAD
JACKSONVILLE FL 32223

Mailing Address

P.O. BOX 189
ST. AUGUSTINE FL 32085-0189

FILED

00 JAN-13 AM 11:30

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

358 CR 207 A

3. Mailing Address

Suite, Apt. #, etc.

City & State

EAST PALATKA FL

City & State

4. FEI Number

59-3385595

Applied For

Not Applicable

Zip

32131

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA TRUST SERVICES, INC.
ONE SAN JOSE PLACE, SUITE 17
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

GAIL E. MAIER

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

358 CR 207 A

City

EAST PALATKA

FL

Zip Code

32131

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

Albert A.C. MAIER General Partner

1.6.00

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.

\$15,000.00

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

MAIER, ALBERT CARL
13658 MAHDARIN ROAD
JACKSONVILLE FL 32223

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

MAIER, GAIL ELIZABETH
13658 MAHDARIN ROAD
JACKSONVILLE FL 32223

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

358 CR 207 A

EAST PALATKA FL 32131

STREET ADDRESS

CITY - ST - ZIP

358 CR 207 A

EAST PALATKA FL 32131

STREET ADDRESS

CITY - ST - ZIP

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***193.75 ***193.75

CITY - ST - ZIP

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 REQUIRED A.C. MAIER

1.6.00

904
325-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #