

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001918

1. Entity Name  
THE FAIRE HARBOUR LIMITED PARTNERSHIP



FILED

03 MAR 10 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
358 CR 207-A  
EAST PALATKA FL 32131

Mailing Address  
P.O. BOX 699  
HASTINGS FL 32145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3385595

Applied For

Not Applicable

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

MAIER, GAIL E  
358 CR 207-A  
EAS PALATKA FL 32137

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. \$15,000.00

10. Amount of Capital Contributions in FLORIDA to date. 15,000.00

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 MAIER, ALBERT CARL  
STREET ADDRESS 358 CR 207A  
CITY-ST-ZIP EAST PALATKA FL 32131

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME MAIER, GAIL ELIZABETH  
STREET ADDRESS 358 CR 207A  
CITY-ST-ZIP EAST PALATKA FL 32131

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-6-03

Date

386-325-5955

Daytime Phone #

CR2F003 (10/02)