

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002486

1. Entity Name  
BAXTER FAMILY PARTNERSHIP, LTD.



Principal Place of Business  
7937 PINE LAKE ROAD  
JACKSONVILLE FL 32256

Mailing Address  
C/O 2603 SHADES CLIFF CIRCLE  
JASPER AL 35504

FILED

03 MAY -5 PM 7:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



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 59-3421847

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

BRANT, MOORE, MACDONALD & WELLS, P.A.  
50 NORTH LAURA STREET, SUITE 3100  
JACKSONVILLE FL 32202

Name  
BRANT, ABRAHAM, REITER & MCCORMICK PA  
Street Address (P.O. Box Number is Not Acceptable)  
50 NORTH LAURA STREET, SUITE 3100

City JACKSONVILLE, FL Zip Code 32202

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 *See ATTACHED*

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

DATE

9. Capital Contributions  
as Shown on record. \$4,650,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 2,250,415.

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 # P96000102945  
NAME BAXTER ENTERPRISES OF NORTH FLORIDA, INC.  
STREET ADDRESS 2603 SHADES CLIFF CIRCLE  
CITY-ST-ZIP JASPER AL 35504

STREET ADDRESS  
CITY-ST-ZIP 05/05/03--01055--024 \*\*526.25

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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:

*SIC* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-30-03

Date

(205) 387-9335

Daytime Phone #

CR2E003 (10/02)

0021457 FP

STAPLE CHECK HERE