

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001219 AT

DOCUMENT # A97000000486

1. Entity Name  
THE TRIPLITT FAMILY LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR -9 AM 8:29

Principal Place of Business  
C/O WEDGWORTH FARMS, INC.  
651 N.W. 9TH STREET  
BELLE GLADE FL 33430

Mailing Address  
% WEDGWORTH FARMS, INC.  
PO BOX 2076  
BELLE GLADE FL 33430



2. Principal Place of Business.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0808961

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEDGWORTH FARMS, INC.  
651 N.W. 9TH STREET  
BELLE GLADE FL 33430

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.

\$1,628,630.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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  
STREET ADDRESS  
CITY - ST - ZIP  
TRIPLITT, DIANE W  
2912 WINGFIELD DRIVE  
COLUMBUS GA 31906

STREET ADDRESS  
CITY - ST - ZIP  
11 Forest Lane  
Greenville, SC 29605

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP  
700015543477

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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

Diane W. Triplitt

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/03 (864) 294-0058

Date Daytime Phone #

CR2E003 (10/02)