

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000698**

1. Entity Name

HEATH FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -6 AM 9:25

Principal Place of Business

**4445 NW 79TH TERRACE RD.
OCALA FL 34482**

Mailing Address

**4445 NW 79TH TERRACE RD.
OCALA FL 34482-2091**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444524

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

**BULLARD, J. WARREN
121 N.W. THIRD STREET
OCALA FL 34475**

Name

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

18 N.W. Third Avenue

Ocala

City

FL

Zip Code
34475

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.

\$2,400,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000002600**
NAME **HEATH FARMS, INC.**
STREET ADDRESS **4480 S.W. COLLEGE ROAD**
CITY - ST - ZIP **OCALA FL 34474**

STREET ADDRESS **4445 N.W. 79th Terrace Road**
CITY - ST - ZIP **Ocala, FL 34482**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
~~000003323020-2~~
~~-07/14/00-01040-019~~
~~****375.25 ****375.25~~

DOCUMENT #
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CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
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******437.50 ****437.50**

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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:

SIGNATURE REQUIRED
AS PRESIDENT

Opal W. Heath

5/1/00

Date

Daytime Phone #