


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016160 AT

<b>DOCUMENT # A97000000698</b> 1. Entity Name <b>HEATH FAMILY LIMITED PARTNERSHIP</b>	
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## FILED

03 APR 21 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>4445 NW 79TH TERRACE RD. OCALA FL 34482</b>	Mailing Address <b>4445 NW 79TH TERRACE RD. OCALA FL 34482</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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<b>DUE BY MAY 1, 2003</b>	
4. FEI Number <b>59-3444524</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	
<b>BULLARD, J. WARREN 18 N.W. THIRD AVENUE OCALA FL 34475</b>	

<b>7. Name and Address of New Registered Agent</b>	
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.

**800016338198**  
 04/21/03--01005--015 \*\*526.25

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$2,400,000.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	<b>P97000002600</b>	STREET ADDRESS	
NAME	<b>HEATH FARMS, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4445 NW 79TH TERRACE RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Opal Wells Heath*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Opal Wells Heath, Pres. of Heath Farms, Inc. **April 16, 2003** **352-369-4445**  
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

CR2E003 (10/02)