

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007345 AT

DOCUMENT # A97000001081

1. Entity Name
WHITESIDE-WALTON LIMITED PARTNERSHIP



FILED
03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
4324 N.W. 8TH PLACE
GAINESVILLE FL 32605

Mailing Address
4324 N.W. 8TH PLACE
GAINESVILLE FL 32605



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3441980

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

WALTON, MARCIA W
4324 N.W. 8TH PLACE
GAINESVILLE FL 32605

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. \$80,000.00

10. Amount of Capital Contributions in FLORIDA to date. *Same*

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 WHITESIDE, NANCY C TRUSTEE
STREET ADDRESS 431 HURON AVENUE
CITY-ST-ZIP CAMBRIDGE MA 02138

STREET ADDRESS

CITY-ST-ZIP

800017875578
05/02/03--01048--011 **526.25

DOCUMENT #
NAME WALTON, MARCIA W TRUSTEE
STREET ADDRESS 4324 NW 8TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME WALTON, DAN L TRUSTEE
STREET ADDRESS 4324 NW 8TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WALTON, MARCIA W

4/25/03

617-988-0532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE