

2001 UNIFORM BUSINESS REPORT (UBR)

0012593 AF

DOCUMENT # **A97000001275**

1. Entity Name

HIGDON ENTERPRISES LIMITED

FILED

01 APR 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 1739
QUINCY FL 32351

Mailing Address

P.O. BOX 1739
QUINCY FL 32351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471251

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

**HIGDON, JOSEPH W JR.
130 N. VIRGINIA ST
QUINCY FL 32351**

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.

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.

\$13,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

13,500,000

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 #
NAME **SMITH, MARGARET H**
STREET ADDRESS **2695 MILLER LANDING ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **HIGDON, JOSEPH W**
STREET ADDRESS **P.O. BOX 1739 N/A**
CITY-ST-ZIP **QUINCY FL 32353**

STREET ADDRESS

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*****535.00 ***535.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOSEPH W. HIGDON, JR

Date

Daytime Phone #

4-12-01

850-627-7524

CR2E003 (11/00)