

2001 UNIFORM BUSINESS REPORT (UBR)

0012867 AF

DOCUMENT # **A97000001335**

1. Entity Name

MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.

FILED

01 APR 18 PM 12:17

Principal Place of Business
**2460 OLD MOULTRIE RD., #3
ST. AUGUSTINE FL 32086**

Mailing Address
**P.O. DRAWER 3127
ST. AUGUSTINE FL 32085-3127**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-3470349

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

**BRANT, MOORE, MACDONALD & WELLS, P.A. -
50 NORTH LAURA STREET, SUITE 3100
JACKSONVILLE FL 32202**

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.

\$235,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

235,000.

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 # **P97000044271**
NAME **SADOWSKI, INC**
STREET ADDRESS **2460 OLD MOULTRIE RD., #3**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

STREET ADDRESS

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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

Date

Daytime Phone #

4/15/01 904 797 6522

CR2E003 (11/00)