

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001578

1. Entity Name
CAMPBELL FAMILY LIMITED PARTNERSHIP, LTD.



FILED

2003 SEP -4 AM 8:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
78 SEAGATE DRIVE
NAPLES FL 34103

Mailing Address
BOX 413005
#310
NAPLES FL 34101-3005

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0781333

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

CAMPBELL, J. DOUGLAS JR.
78 SEAGATE DRIVE
NAPLES FL 34103

Name

Street Address

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. \$990,000.00

10. Amount of Capital Contributions in FLORIDA to date. 990,000

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 CAMPBELL, J. DOUGLAS JR.
STREET ADDRESS 78 SEAGATE DRIVE
CITY-ST-ZIP NAPLES FL 34103

STREET ADDRESS

CITY-ST-ZIP

JD CAMPBELL PMB 310
PO BOX 413005
NAPLES FL 34101-3005

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600021272196

07/02/03--01052--001 **437.50

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/12/03 239403 7919

Date

Daytime Phone #

CR2E003 (10/02)

0015138 AT