

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001711**

1. Entity Name

APALACHICOLA RENAISSANCE GROUP, LTD.

Principal Place of Business

160 AVENUE C  
APALACHICOLA FL 32329

Mailing Address

P.O. BOX 519  
APALACHICOLA FL 32329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

FILED  
01 FEB 28 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number	<b>59-3328256</b>	Applied For
		Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

VAIL, DEAN  
160 AVENUE C  
APALACHICOLA FL 32329

**7. Name and Address of New Registered Agent**

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.

**\$700,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **F9700004142**  
NAME **EARLSTON, INC.**  
STREET ADDRESS **160 AVENUE C**  
CITY-ST-ZIP **APALACHICOLA FL 32329**

STREET ADDRESS

CITY-ST-ZIP

**4000003802264--2**  
**-03/06/01--01069-001**

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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

*Earlston Inc*

SIGNATURE:

*SG. Dean Vail*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/27/2001 850-653-2053*

Date

Daytime Phone #

*J. DEAN VAIL*