

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 10 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0015323  
A1

DOCUMENT # **A97000002149**

1. Entity Name

**DUKE FAMILY RANCH LIMITED PARTNERSHIP**

Principal Place of Business

ATTN: MRS. JOANNE H. DUKE  
11050 OLD TAMPA ROAD  
PARRISH FL 34219

Mailing Address

ATTN: MRS. JOANNE H. DUKE  
11050 OLD TAMPA ROAD  
PARRISH FL 34219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0786567**

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

**PORGES, GREGORY J**

**C/O HAMILIN/PORGES/HAMLIN/KNOWLES/PAID &**

**1205 MANATEE AVENUE WEST**

**BRADENTON FL 34205**

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.

DATE

9. Capital Contributions  
as Shown on record.

**\$4,000,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DUKE, JOSEPH E**  
**11050 OLD TAMPA RD.**  
**PARRISH FL 34219**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DUKE, JOANNE H**  
**11050 OLD TAMPA RD.**  
**PARRISH FL 34219**

STREET ADDRESS

CITY-ST-ZIP

**200005258592--2**

**-04/12/02--01100--009**

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DUKE, JOSEPH E JR.**  
**4807 1ST AVENUE DRIVE NW**  
**BRADENTON FL 34209**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHESTON, LAURA GRACE**  
**105 LUDGATE COURT**  
**MORRISVILLE NC 27560**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DUKE, SUSAN DIANE**  
**4703 KIN ROSS COURT**  
**VALRICO FL 33594**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MORRISON, DONNA ELIZABET**  
**4407 WATROUS AVENUE**  
**TAMPA FL 33629**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/04/02 941-776-2552**  
Date Daytime Phone #

CR2E003 (9/01)