

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002241

1. Entity Name

JSBP ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
901 SOUTH NEWPORT
TAMPA FL 33606

Mailing Address
901 SOUTH NEWPORT
TAMPA FL 33606-2936

2. Principal Place of Business
5201 NW 144th Place

3. Mailing Address
5201 NW 144th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Reddick, FL

City & State
Reddick, FL

4. FEI Number 59-3493247
Applied For
Not Applicable

Zip 32686 Country USA

Zip 32686 Country USA

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

SYKES, JOHN H
901 SOUTH NEWPORT
TAMPA FL 33606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$49,333.00 10. Amount of Capital Contributions in FLORIDA to date. \$49,333.00 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 # P97000023380
NAME CLOVERLEAF FARMS II, INC.
STREET ADDRESS 901 SOUTH NEWPORT
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS 5201 NW 144th Place
CITY-ST-ZIP Reddick, FL 32686

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

5/1/00 352/591-1745
Date Daytime Phone #

CR2E003 (9/9/9)