

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002241**

1. Entity Name
JSBP ASSOCIATES, LTD.

APPROVE
AND
FILED

02 APR 26 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**5201 NW 144TH PLACE
REDDICK FL 32686**

Mailing Address
**5201 NW 144TH PLACE
REDDICK FL 32686**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number
59-3493247

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions
as Shown on record. **\$49,333.00**

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 # **P97000023380**
NAME **CLOVERLEAF FARMS II, INC.**
STREET ADDRESS **5201 NW 144TH PLACE**
CITY-ST-ZIP **REDDICK FL 32686**

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05/03/02 01075 003
******434.08 ****434.08**

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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: **John H. Sykes** 4/17/02 (813) 233-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0007511 AT

CR2E003 (9/01)