

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002622

1. Entity Name

BIG PINE KEY LIMITED PARTNERSHIP

Principal Place of Business

1115 LONG BEACH DRIVE  
BIG PINE KEY FL 33043

Mailing Address

241 UPLAND ROAD  
WEST GROVE PA 19390

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

58-2394040

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

TAYLOR, DON

1115 LONG BEACH DRIVE  
BIG PINE KEY FL 33043

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.

\$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

10,000

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 # P97000095578  
NAME UNIONVILLE, INC.  
STREET ADDRESS 1115 LONG BEACH DRIVE  
CITY-ST-ZIP BIG PINE KEY FL 33043

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: TAYLOR

8/31/01 (410) 430-3200

0002735 AB

CR2E003 (5/01)

FILED

01 SEP -4 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE