

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002782

1. Entity Name

BARTRAM TRAIL PARTNERS, LTD.

FILED

02 MAY -6 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

320 EAST ADAMS STREET  
JACKSONVILLE FL 32202

Mailing Address

~~320 EAST ADAMS STREET~~  
~~JACKSONVILLE FL 32202~~



2. Principal Place of Business

233 E Bay St

3. Mailing Address

233 E Bay St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL 32202

City & State

Jax FL

Zip

Country

32202 USA

Zip

Country

32202 USA

DUE BY MAY 1, 2002

4. FEI Number

59-3482492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAWSON, CARL D JR.  
320 EAST ADAMS STREET  
JACKSONVILLE FL 32202

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

DATE

9. Capital Contributions

\$326,700.00

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

DOCUMENT # P97000101715  
NAME SWITZERLAND HOLDING COMPANY  
STREET ADDRESS 320 EAST ADAMS STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300005692773--1  
-06/05/02--01059--014  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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300005692773--1  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)