

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002858**

1. Entity Name

HOGSHEAD INVESTMENT PARTNERSHIP, LTD.

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**603 S. HERMINT SMITH ROAD
PLYMOUTH FL 32768**

Mailing Address

**P.O. BOX 871
PLYMOUTH FL 32768**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3490052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**HOGSHEAD, RODNEY C III
2426 RIVERTREE CIRCLE
SANFORD FL 32771**

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

\$3,050,000.00

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
**GEORGIANA HOGSHEAD, TRUSTEE
3210 FAIRWAY LANE
ORLANDO FL 32804**

STREET ADDRESS

CITY-ST-ZIP

800005041528--2

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HOGSHEAD, RODNEY C III
3210 FAIRWAY LANE
ORLANDO FL 32804**

STREET ADDRESS

CITY-ST-ZIP

**03/04/02 01099 010
***526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GIOVANNELLI, DOROTHY ANN
6464 S.W. 21ST COURT
OCALA FL 34474**

STREET ADDRESS

CITY-ST-ZIP

DATE PAID

CHECK #

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MOORE, MARY JO
2001 IVANHOE ROAD
ORLANDO FL 32804**

STREET ADDRESS

CITY-ST-ZIP

AMOUNT

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/02

Date

**407
886-2232**

Daytime Phone #

CR2E003 (9/01)