

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002906

1. Entity Name

PEACHBLOW PARTNERS, LTD.

FILED

00 JAN 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

202 NORTH CALHOUN
QUINCY FL 32351

Mailing Address

202 NORTH CALHOUN
QUINCY FL 32351-2306

2. Principal Place of Business

210 W. KING ST.

Suite, Apt. #, etc.

3. Mailing Address

210 W. KING ST.

Suite, Apt. #, etc.

City & State

Quincy, FL

Zip

32351

Country

USA

City & State

Quincy

Zip

FL

Country

32351

4. FEI Number

59-3486387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGDON, JOHN B
202 NORTH CALHOUN
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

JOHN B. HIGDON

Street Address (P.O. Box Number is Not Acceptable)

210 W. KING ST.

City

Quincy

FL

Zip Code

32351

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.

\$9,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

9,000,000.00

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

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

HIGDON, JOHN B
202 NORTH CALHOUN
QUINCY FL 32351

DOCUMENT #

NAME

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

210 W. KING ST.

Quincy, FL 32351

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-25-00

850-895-3951

CR2E003 (9/99)