

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A98000000601

1. Entity Name

BFC PARTNERSHIP, LIMITED



FILED

03 MAY -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2342 Glenfinnan Dr.

3. Mailing Address

P.O. Box 2211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

58-2393249

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32067

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kenneth E. Smallwood

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

2342 Glenfinnan Dr.

City

Orange Park

FL

Zip Code

32073

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

4-22-03

DATE

9. Capital Contributions
as Shown on record.

\$100

10. Amount of Capital Contributions
in FLORIDA to date.

\$2802.289

11. MAKE CHECK PAYABLE TO FL. 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

Kenneth E. Smallwood

STREET ADDRESS

2342 Glenfinnan Drive

CITY-ST-ZIP

Orange Park, FL 32073

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

James W. Horne

STREET ADDRESS

2342 Glenfinnan Drive

CITY-ST-ZIP

Orange Park, FL 32073

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

K.E. Smallwood

4-22-03

904-272-0758

CR2E003B (12/02)