

2002 UNIFORM BUSINESS REPORT (UBR)

0007168 AT

DOCUMENT # A98000001527

1. Entity Name

TWIN CITY PROPERTIES, LTD.

FILED
02 JUN -5 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE FL 32578

Mailing Address

4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3529200

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

HERNDON, D. TIMOTHY
4502 HIGHWAY 20 EAST
SUITE A
NICEVILLE FL 32578

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
as Shown on record.

\$25,000.00

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 # P99000021733
NAME TWIN CITY MANAGEMENT CORPORATION INC.
STREET ADDRESS 4502 HIGHWAY 20 EAST
CITY-ST-ZIP NICEVILLE FL 32578

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME JAHR, ALFRED
STREET ADDRESS 1214 OAKMONT DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME GLASER, WINFIED
STREET ADDRESS BONNER STR. 50 53424
CITY-ST-ZIP REMAGEN/ROLANDSECK GERMANY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)