

2002 UNIFORM BUSINESS REPORT (UBR)

0013796
AT

DOCUMENT # **A98000002010**

1. Entity Name
BARTRAM PARK, LTD.

FILED

02 APR -8 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**13361 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225**

Mailing Address
**C/O JOEL B. GILES
P.O. BOX 2861
ST. PETERSBURG FL 33731-2861**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

City & State

4. FEI Number
59-3542605

Applied For
Not Applicable

Zip Country Zip Country

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

**GILES, JOEL B
% CARLTON FIELDS
200 CENTRAL AVENUE, SUITE 2300
TAMPA FL 33701**

Name
GILES, JOEL B

Street Address (P.O. Box Number is Not Acceptable)
c/o CARLTON FIELDS PA

200 CENTRAL AVENUE SUITE 2300

City **ST PETERSBURG** **FL** Zip Code **33701**

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. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$10,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000075020**
NAME **BARTMAN TRADING COMPANY**
STREET ADDRESS **13361 ATLANTIC BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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
THOMAS DODSON

3/6/02 (72) 821-7000

Daytime Phone #

CR2E003 (9/01)