

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002010**

1. Entity Name  
**BARTRAM PARK, LTD.**



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**

**FILED**

**03 JUN -5 AM 8:19**

SECRETARY OF STATE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

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  
ST. PETERSBURG FL 33701**

Name  
**CFRA, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**777 South Harbour Island Boulevard, 5th Floor**  
City  
**Tampa** FL Zip Code  
**33602-5730**

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 *Joel B. Giles*  
Signature typed or printed name of registered agent and title if applicable.

**Joel B. Giles**

**April 9, 2003**

DATE

9. Capital Contributions  
as shown on record. **\$10,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS Name should be: **BARTRAM TRADING COMPANY**

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300016072759**  
**04/15/03--01062--007 \*\*150.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300016072759**  
**06/05/03--01001--014 \*\*8.75**

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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:

*J. Thomas Dodson*  
**SIGNATURE REQUIRED**

**J. Thomas Dodson,**

**April 14, 2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **President, Bartram Trading Company** Telephone #

CR2E003 (10/02)

0014001 AT

STAPLE CHECK HERE