

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007651 AT

DOCUMENT # A98000002111

1. Entity Name  
CHAPEL RIDGE OF CHAPEL HILL LTD.



**FILED**  
03 MAY -1 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
20725 S.W. 46TH AVENUE  
NEWBERRY FL 32669

Mailing Address  
20725 S.W. 46TH AVENUE  
NEWBERRY FL 32669

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, 2003

4. FEI Number 62-1769826

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

DAVIS, NORITA V  
20721 S.W. 46TH AVENUE  
NEWBERRY FL 32669

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

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date. 100.00

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 # G72943  
NAME EARTHART, INCORPORATED  
STREET ADDRESS 20725 S.W. 46TH AVENUE  
CITY-ST-ZIP NEWBERRY FL 32669

STREET ADDRESS

CITY-ST-ZIP

05/01/03--01022--015 \*\*150.00  
3 00017803593

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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**

4/14/03

Date

352-472-7773

Daytime Phone #

CR2E003 (10/02)

STAMP CHECK HERE