

2002 UNIFORM BUSINESS REPORT (UBR)

DOC. 510 AT

DOCUMENT # A990000000034

1. Entity Name

THE HOLY GROUND FAMILY LIMITED PARTNERSHIP

FILED

02 APR -9 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

HC4 BOX 963
OLD TOWN FL 32680

Mailing Address

P.O. BOX 607
OLD TOWN FL 32680



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3620441

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

TAPLIN, NORMAN E ESQ.

1555 PALM BEACH LAKES BLVD., STE. #1501
WEST PALM BEACH FL 33401

Name

Kim MacLeod

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

HC4 Box 963

City

Old Town

FL

Zip Code

32680

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

Kim MacLeod

04/10/02

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MACLEOD, DONALD D	PO BOX 607	OLD TOWN FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MACLEOD, KIM M	PO BOX 607	OLD TOWN FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	700005258527--3
STREET ADDRESS	-04/12/02--01094--020
CITY-ST-ZIP	****141.25 ****141.25
STREET ADDRESS	700005258527--3
CITY-ST-ZIP	-04/12/02--01094--021
STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:

Kim MacLeod

04/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)