

2001 UNIFORM BUSINESS REPORT (UBR)

0015131 AF

DOCUMENT # **A99000000091**

1. Entity Name

SHERWOOD PARTNERS, LTD.

FILED

Principal Place of Business

**U.S. #1 AND COLORADO AVENUE
STUART FL 34995**

Mailing Address

**C/O DALE HUDSON, III
P.O. BOX 9012
STUART FL 34995-9012**

01 JAN 25 PM 12:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O DENNIS S. HUDSON, III

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 9012

City & State

City & State

STUART, FL

4. FEI Number

65-0898002

Applied For

Not Applicable

Zip

Country

Zip

Country

34995-9012

USA

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

**HUDSON, DENNIS S III
U.S. #1 AND COLORADO AVENUE
STUART FL 34995**

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.

(NOTE: Registered Agent signature required when reinstating)

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 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
**HUDSON, DENNIS S JR
U.S. #1 AND COLORADO AVENUE
STUART FL 34995**

STREET ADDRESS

CITY-ST-ZIP

**800003617238-7
-01/31/01--01028--012
****158.75 ****158.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUDSON, ANNE P
U.S. #1 AND COLORADO AVENUE
STUART FL 34995**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP
**HUDSON, DENNIS S III
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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

DENNIS S. HUDSON, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/01 561.288.6086

Date Daytime Phone #

CR2E003 (11/00)