

2002 UNIFORM BUSINESS REPORT (UBR)

526.25

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DOCUMENT # A99000000458

1. Entity Name

WEBB FAMILY PARTNERSHIP, LTD.

FILED

02 JAN 14 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ROUTE 5, BOX 6030
MADISON FL 32340

Mailing Address

ROUTE 5, BOX 6030
MADISON FL 32340

2. Principal Place of Business

4744 N.E. COLIN KELLY HWY P.O. BOX 540

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
MADISON, FL

City & State
MADISON, FL

4. FEI Number

59-3566489

Applied For

Not Applicable

Zip
32340

Country
MADISON

Zip
32341-0540

Country
MADISON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, VERNAL A
ROUTE 5, BOX 6030
MADISON FL 32340

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4744 N.E. COLIN KELLY HWY

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.

DATE

9. Capital Contributions
as Shown on record.

\$100,000.00

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 # P99000015879
NAME WEBB TIMBERLANDS, INC.
STREET ADDRESS ROUTE 5, BOX 6030
CITY-ST-ZIP MADISON FL 32340

STREET ADDRESS 4744 N.E. COLIN KELLY HWY

CITY-ST-ZIP

DOCUMENT #
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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: *Vernal A Webb* SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANUARY 11, 2002 (850)973-4107

Date

Daytime Phone #

CR2E003 (9/01)