

2002 UNIFORM BUSINESS REPORT (UBR)

0012898 AT

DOCUMENT # A99000000497

1. Entity Name

PEACHTREE LAND HOLDINGS, LTD.

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business

Mailing Address

~~250 SOUTHERN HILL DR.~~
DULUTH GA 30097

P.O. BOX 789
PLANT CITY FL 33564-0789

2. Principal Place of Business

3. Mailing Address

1106 ASCOTT VALLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-2504568

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

PLATT, RANDELL

101 EAST MAHONEY STREET

PLANT CITY FL 33568

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.

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 # F99000001503
NAME PEACHTREE MANAGEMENT CONSULTANTS, INC.
STREET ADDRESS 250 SOUTHERN HILLS DRIVE
CITY-ST-ZIP DULUTH GA 30097

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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

Robert Graves For Consultants, Inc.

Date

3/15/02

Daytime Phone #

404

307.5055

CR2E003 (9/01)

STAPLE CHECK HERE