# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000000515

FILED
01 JUN 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
BLACK RIVER RANCH LIMITED PARTNERSHIP

| Principal Place of Business | Mailing Address |
|---|---|
| c/o MRS. LOIS C. DONOVAN<br>6401 S.W. THISTLE TERRACE<br>PALM CITY, FL. 34990 | c/o T. MICHAEL CROOK, CPA<br>PROCTOR, CROOK & CROWDER, CPA'S<br>33 FLAGLER AVENUE<br>STUART, FLORIDA 34994 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0906488 ☐ 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 |
|---|---|
| ~~JOHN F. DONOVAN (DECEASED)~~<br>6410 THISTLE TERRACE<br>PALM CITY, FL. 34990 | Name: T. MICHAEL CROOK, CPA<br>Street Address (P.O. Box Number is Not Acceptable): 33 FLAGELR AVENUE<br>City: STUART **FL** Zip Code: 34994 |

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 _____ T. MICHAEL CROOK, CPA 6/18/01
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. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>12. SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $1,914,200.00 | $1,914,200.00 | |

**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 # | P99000019646 | STREET ADDRESS | |
| NAME | BLACK RIVER RANCH, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 6401 S.W. THISTLE TERRACE | | |
| CITY-ST-ZIP | PALM CITY, FL. 34990 | | |
| DOCUMENT # | | STREET ADDRESS | 900004469339--9 |
| NAME | | | -07/11/01--01053--016 |
| STREET ADDRESS | | CITY-ST-ZIP | ****446.25 ****446.25 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 900004469339--3 |
| NAME | | | -07/11/01--01053--017 |
| STREET ADDRESS | | CITY-ST-ZIP | *****88.75 *****88.75 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

CR2E003 (11/00)

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:** Lois C Donovan 5/1/2001 561-383-2356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #