

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 26 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0016314 AT

DOCUMENT # **A99000000909**

1. Entity Name

**DALE AND PATRICIA HIGINBOTHAM FAMILY LIMITED PARTNERSHIP**

Principal Place of Business

**110 WILLOW AVENUE  
ANNA MARIA FL 34216**

Mailing Address

**P.O. BOX 4143  
ANNA MARIA FL 34216**



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

**65-0928506**

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

**HIGINBOTHAM, PATRICIA A  
110 WILLOW AVENUE  
ANNA MARIA FL 34216**

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.

**\$1,980,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,980,000.00**

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 # **P99000049189**  
NAME **D & P HIGINBOTHAM INVESTMENTS, INC.**  
STREET ADDRESS **110 WILLOW AVENUE**  
CITY-ST-ZIP **ANNA MARIA FL 34216**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200005449452--9**

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*Dale Higinbotham*  
**Dale Higinbotham (Dale Higinbotham)**

**4/24/02**

**941 708-3282**

CR2E003 (9/01)