

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # A99000000985

1. Entity Name
YUCO INVESTMENTS, LTD.



FILED

03 APR 23 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
385 ARLINGTON BLVD.
LAKE CITY FL 32025

Mailing Address
385 ARLINGTON BLVD.
LAKE CITY FL 32025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3580509

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

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 230
JACKSONVILLE FL 32256

Name Allen D. Coleman

Street Address (P.O. Box Number is Not Acceptable)
385 SW Arlington Blvd

City Lake City

FL

Zip Code 32025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$8,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 COLEMAN, ALLEN D
STREET ADDRESS 385 ARLINGTON BLVD.
CITY-ST-ZIP LAKE CITY FL 32025

STREET ADDRESS

CITY-ST-ZIP

700015475077
01/08/03--01067--025 **141.25

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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:

Allen D. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/4/03

Date

386-755-5698

Daytime Phone #

CR2E003 (10/02)