

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007463 AT

DOCUMENT # A99000001742



FILED

03 FEB 27 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
HIGMAN LIMITED PARTNERSHIP

Principal Place of Business
5346 S.W. 91ST TERRACE
GAINESVILLE FL 32608

Mailing Address
5346 S.W. 91ST TERRACE
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

227



4. FEI Number NOT APPLICABLE

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

LOTHROP, MONICA V
5346 S.W. 91ST TERRACE
GAINESVILLE FL 32608

Name

MICHAEL TILLMAN

Street Address (P.O. Box Number is Not Acceptable)

5346 S.W. 91ST TERRACE

City

GAINESVILLE

FL

Zip Code

32608

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.

MICHAEL TILLMAN

2/18/03

DATE

9. Capital Contributions
as Shown on record.

\$825,816.00

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
STREET ADDRESS
CITY-ST-ZIP
HIGMAN, JAMES C TRUSTEE
5346 S.W. 91ST TERRACE
GAINESVILLE FL 32608

STREET ADDRESS

CITY-ST-ZIP

600013150396
02/27/03--01019--012 **526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HIGHMAN, CAROL TRUSTEE
5346 S.W. 91ST TERRACE
GAINESVILLE FL 32608

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
James C. Higman

REQUIRED 19 FEB 03

Date

Daytime Phone #

352-335-9015

CR2E003 (10/02)