

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007280 AT

DOCUMENT # A99000002026

1. Entity Name  
CHUCK CLARY FAMILY ENTERPRISES, LTD.



FILED

03 APR 30 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
P.O. BOX 778  
SHALIMAR FL 32579

Mailing Address  
P.O. BOX 778  
SHALIMAR FL 32579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3630600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, WILLIAM SCOTT  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH FL 32547

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. 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.

\$1,121,642.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,121,642.00

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 # P990000090156  
NAME CWC CORPORATION  
STREET ADDRESS P.O. BOX 778  
CITY-ST-ZIP SHALIMAR FL 32579

STREET ADDRESS

CITY-ST-ZIP

04/30/03 01088--003 \*\*526.25

400017592464

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-03

850-837-9550

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE