

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012860 AF

DOCUMENT # **A99000002226**

1. Entity Name

**THE ARNOLD FAMILY LAND LIMITED PARTNERSHIP**

FILED

01 MAY 14 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**5323 BROWN STREET  
GRACEVILLE FL 32440**

Mailing Address

**P.O. BOX 155  
GRACEVILLE FL 32440**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**62-1810504  
APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, WILLIAM H  
3823 HIGHWAY 2  
GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

**\$532,578.00**

10. Amount of Capital Contributions

in FLORIDA to date.

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ARNOLD, WILLIAM H  
3823 HIGHWAY 2  
GRACEVILLE FL 32440**

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
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**988884416729-5  
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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: *William H Arnold* REQUIRED  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/24/01**

**850-263 3271**

Date

Daytime Phone #

CR2E003 (11/00)