

2001 UNIFORM BUSINESS REPORT (UBR)

0019991 AB

DOCUMENT # B00000000234

1. Entity Name

SUWANNEE AMERICAN LIMITED PARTNERSHIP

FILED

01 JUL 31 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O DELAWARE CORPORATE SERVICES
32 WEST LOCKERMAN STREET, SUITE 202
DOVER DE 19904

Mailing Address

C/O DELAWARE CORPORATE SERVICES
32 WEST LOCKERMAN STREET, SUITE 202
DOVER DE 19904

2. Principal Place of Business

2644 Capital Trail
Suite, Apt. #, etc.
Suite 200, Dept # 178
City & State
Newark, DE
Zip
19711
Country

3. Mailing Address

2644 Capital Trail
Suite, Apt. #, etc.
Suite 200, Dept # 178
City & State
Newark, DE
Zip
19711
Country

4. FEI Number

51-0400018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUWANNEE AMERICAN CEMENT COMPANY
HIGHWAY 349 NORTH
OLD TOWN FL 32680

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
as Shown on record.

\$25,000,000.00

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 # P98000083936
NAME SUWANNEE AMERICAN CEMENT COMPANY, INC.
STREET ADDRESS HIGHWAY 349 NORTH, P.O. BOX 38
CITY-ST-ZIP OLD TOWN FL 32008

STREET ADDRESS

CITY-ST-ZIP

200004514592-5
-08/03/01--01083--004
*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200004514592-5
-08/03/01--01083--005
*****437.50 *****437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of General Partner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)