

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000328

1. Entity Name
WIMSATT-ON LIMITED PARTNERSHIP



FILED
03 MAR 14 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4910 BAROSTOWN RD
LOUISVILLE KY 40291

Mailing Address
4910 BAROSTOWN RD
LOUISVILLE KY 40291



2. Principal Place of Business
4910 BARDSTOWN ROAD

3. Mailing Address
4910 BARDSTOWN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
LOUISVILLE, KY

City & State
LOUISVILLE, KY

4. FEI Number 61-1327663

Applied For

Not Applicable

Zip
40291

Country

Zip
40291

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

FARMER, ANNE H
5717 CARROLLWOOD MEADOWS DRIVE
TAMPA FL 33688

Name Deborah Ellis

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

943 W. Orange Blossom Trail

City Apopka

FL

Zip Code 32712

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 *George M Wimsatt, Gen Ptnr.*

3/3/03

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

DATE

9. Capital Contributions as Shown on record. \$792,585.00

10. Amount of Capital Contributions in FLORIDA to date. \$792,585

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 WIMSATT, GEORGE M
STREET ADDRESS 4910 BAROSTOWN RD
CITY-ST-ZIP LOUISVILLE KY 40291

STREET ADDRESS 4910 BARDSTOWN ROAD
CITY-ST-ZIP LOUISVILLE, KY 40291

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CITY-ST-ZIP

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CITY-ST-ZIP 700014098237
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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

3/3/03 502-495-2151

CR2E003 (10/02)