

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90139 038 ***150.00

DOCUMENT # 243248

1. Entity Name

ELSBERRY PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

101 BIG BEND ROAD
 FL 33572-1407

101 BIG BEND ROAD
 RUSKIN FL 33572-1401

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0955797**

Applied For

Not Applicable

Zip

Country

Zip

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

ELSBERRY, DONALD L
101 BIG BEND RD
RUSKIN FL 33572

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. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **ELSBERRY, DONALD L**
 STREET ADDRESS **5020 TAMiami TRAIL N.**
 CITY-ST-ZIP **RUSKIN, FL 00000**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **STD**
 NAME **ELSBERRY, THOMAS L**
 STREET ADDRESS **904 ALLERGO LANE**
 CITY-ST-ZIP **APOLLO BEACH FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VD**
 NAME **ELSBERRY, ROSS S**
 STREET ADDRESS **2836 24TH ST. SE**
 CITY-ST-ZIP **RUSKIN, FL 00000**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE **VD**
 NAME **ELSBERRY, L G**
 STREET ADDRESS **121 24TH AVE SW**
 CITY-ST-ZIP **RUSKIN FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **VD**
 NAME **ELSBERRY, BRUCE P**
 STREET ADDRESS **2816 24TH ST. S.E.**
 CITY-ST-ZIP **RUSKIN, FL 00000**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **ASTD**
 NAME **WILLIFORD, LYNDA K**
 STREET ADDRESS **1482 FAIRVIEW LN**
 CITY-ST-ZIP **ANDREWS NC 28901**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

V/D
Erin Elsberry Rayfield
811 Russell LANE, # 188
Brandon, FL 33510

☐ Change

☒ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

(813) 677-6221