

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 243248

1. Entity Name

ELSBERRY PARTNERSHIP, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90013 007 \*\*\*150.00

0517795

Principal Place of Business

101 BIG BEND ROAD  
RUSKIN FL 33572-1407

Mailing Address

101 BIG BEND ROAD  
RUSKIN FL 33572-1407

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 59-0955797

Applied For

Not Applicable

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, 2001 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 811 RUSSELL LANE # 188  
CITY-ST-ZIP BRANDON FL 33510 ☒ Delete

TITLE VD  
NAME Terry L. ELsberry  
STREET ADDRESS 2309 Cypress Walk way  
CITY-ST-ZIP RUSKIN, FL 33570 ☐ 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 VD  
NAME ELsberry, Bruce P  
STREET ADDRESS 2316 Cypress Walk way  
CITY-ST-ZIP RUSKIN, FL 33570 ☒ Change ☐ Addition

TITLE ASTD  
NAME WILLIFORD, LYNDIA K  
STREET ADDRESS 1482 FAIRVIEW LN  
CITY-ST-ZIP ANDREWS NC 28901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)