

2001 UNIFORM BUSINESS REPORT (UBR)

0014610 AF

DOCUMENT # A00000000407

1. Entity Name
ERNEST L. TREVENA III, LTD.

FILED

01 APR 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2719 FOREST CLUB DRIVE
PLANT CITY FL 33567

Mailing Address
2719 FOREST CLUB DRIVE
PLANT CITY FL 33567

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip **Country**

4. FEI Number
59-3635591

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHRISTIE, PIERCE
2719 FOREST CLUB DRIVE
PLANT CITY FL 33567

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$357,417.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	CHRISTIE, PIERCE	2719 FOREST CLUB DRIVE	PLANT CITY FL 33567
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	CHRISTIE, HILDA	2719 FOREST CLUB DRIVE	PLANT CITY FL 33567
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

200004213232-2
-05/11/01--01143--010
***526.25 ***526.25

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: *Pierce Christie* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** PIERCE CHRISTIE **Date** 4/2/2001 **Daytime Phone #** 813-752-0611

CR2E003 (11/00)