

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000407

1. Entity Name

ERNEST L. TREVENA III, LTD.

FILED

02 MAR 11 PM 3:42

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3635591

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

CHRISTIE, PIERCE  
2719 FOREST CLUB DRIVE  
PLANT CITY FL 33567

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$274,851

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

STREET ADDRESS

CITY-ST-ZIP

100005108121--3

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

STREET ADDRESS

CITY-ST-ZIP

-03/14/02--01054--007

\*\*\*\*526.25 \*\*\*\*526.25

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is true and accurate and the 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

DATE

Daytime Phone #

CR2E003 (9/01)

0012904 AT

STAPLE CHECK HERE