

2001 UNIFORM BUSINESS REPORT (UBR)

0012271 AF

DOCUMENT # A00000000612

1. Entity Name

HUNTER FAMILY LIMITED PARTNERSHIP NO. 2

FILED

Handwritten signature

Principal Place of Business

1512 S.W. 5TH AVENUE
OCALA FL 34478

Mailing Address

1512 S.W. 5TH AVENUE
OCALA FL 34478

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

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

HUNTER, ELLIS B
1512 S.W. 5TH AVENUE
OCALA FL 34478

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. Capital Contributions
as Shown on record.

\$1,250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 HUNTER, ELLIS B TRUSTEE
STREET ADDRESS 1512 S.W. 5TH AVENUE
CITY-ST-ZIP Ocala FL 34478

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME HUNTER, GLADYS M TRUSTEE
STREET ADDRESS 1512 S.W. 5TH AVENUE
CITY-ST-ZIP Ocala FL 34478

STREET ADDRESS

CITY-ST-ZIP

900004064429--7
-04/24/01--01030--010
*****526.25 *****526.25

DOCUMENT #
NAME JAMES MARSHALL HUNTER
STREET ADDRESS 1512 S.W. 5TH AVENUE
CITY-ST-ZIP Ocala FL 34478

STREET ADDRESS

CITY-ST-ZIP

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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

James Marshall Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James Marshall Hunter

4/13/01

352-732-2404

Date

Daytime Phone #

CR2E003 (11/00)