

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015836 AT

DOCUMENT # **A00000000612**

1. Entity Name  
**HUNTER FAMILY LIMITED PARTNERSHIP NO. 2**

Principal Place of Business  
**1512 S.W. 5TH AVENUE  
OCALA FL 34478**

Mailing Address  
**1512 S.W. 5TH AVENUE  
OCALA FL 34478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**FILED**

**02 APR 29 PM 6:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DUE BY MAY 1, 2002**

4. FEI Number **59-3642289** **APPLIED FOR**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **BK**

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
	<b>HUNTER, ELLIS B TRUSTEE</b>	<b>1512 S.W. 5TH AVENUE</b>
		<b>OCALA FL 34478</b>
DOCUMENT #	NAME	STREET ADDRESS
	<b>HUNTER, GLADYS M TRUSTEE</b>	<b>1512 S.W. 5TH AVENUE</b>
		<b>OCALA FL 34478</b>
DOCUMENT #	NAME	STREET ADDRESS
	<b>JAMES MARSHALL HUNTER</b>	<b>1512 S.W. 5TH AVENUE</b>
		<b>OCALA FL 34478</b>
DOCUMENT #	NAME	STREET ADDRESS
DOCUMENT #	NAME	STREET ADDRESS
DOCUMENT #	NAME	STREET ADDRESS

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	

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: **Gladys M Hunter** **4/14/02** **352-732-2404**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)