

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A01000000866**

1. Entity Name  
**DORCAS HARRINGTON EBERT FAMILY LIMITED PARTNERSH  
IP**



FILED

2003 AUG -8 PM 4:17

DEPARTMENT OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1513 OCEANSHORE BLVD., #C-4  
ORMOND BEACH FL 32176**

Mailing Address  
**1513 OCEANSHORE BLVD., #C-4  
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number **59-3728565**

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

**EBERT, WILLIAM P.J.  
2303 FIDDLERS LANE  
ATLANTIC BEACH FL 32232**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$4,173,873.35**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$4,173,873.35**

11. MAKE CHECK PAYABLE TO FL. 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 **EBERT, DORCAS H TRUSTEE**  
STREET ADDRESS **1513 OCEANSHORE BLVD., #C-4**  
CITY-ST-ZIP **ORMOND BEACH FL 32176**

STREET ADDRESS

CITY-ST-ZIP

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/4/03

Date

(386) 441-4392

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE