

2001 UNIFORM BUSINESS REPORT (UBR)

0013022 AF

DOCUMENT # **A07236**

1. Entity Name

TALLEY BOX COMPANY, LTD.

FILED
01 APR 16 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**900 N. 14TH STREET
LEESBURG FL 34748**

Mailing Address

**P.O. BOX 490817
LEESBURG FL 34749-0817**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1311310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TALLEY, WILLIAM G., JR.
900 N. 14TH STREET
LEESBURG FL 34748**

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

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.

\$817,284.68

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

DOCUMENT # **P95000054724**
NAME **TALLEY ENTERPRISES, INC.**
STREET ADDRESS **2021 WEST TALLEY ROAD**
CITY-ST-ZIP **LEESBURG FL 32748**

DOCUMENT # **P95000054981**
NAME **WHITE PELICAN ENTERPRISES, INC.**
STREET ADDRESS **4482 SANDPIPER LANE**
CITY-ST-ZIP **AMELIA ISLAND FL 32034**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-01

Date

Daytime Phone #

CR2E003 (11/00)