

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27855**

1. Entity Name

ELLENTON ASSOCIATES, LTD.

Principal Place of Business

1937 GOLF STREET  
SARASOTA FL 34236

Mailing Address

1937 GOLF STREET  
SARASOTA FL 34236-6907

2. Principal Place of Business

200 S. Washington Blvd

3. Mailing Address

200 S. Washington Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 8

Suite 8

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34236

Country

USA

Zip

34236

Country

USA

4. FEI Number

59-2163839

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

OLIVIERI, N.J.

1937 GOLF STREET 200 S Washington Blvd, Suite 8  
SARASOTA FL 34236

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 of individual 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.

\$75,000.00

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 OLIVIERI, N.J.  
STREET ADDRESS 1937 GOLF STREET 200 S. Washington Blvd,  
CITY - ST - ZIP SARASOTA FL 34236 Suite 8

STREET ADDRESS

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

Date

Daytime Phone #

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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C-32E003 (9/99)