

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000005**

1. Entity Name

RINGHAVER FAMILY LIMITED PARTNERSHIP

Principal Place of Business

9797 GIBSONTON DRIVE
RIVERVIEW FL 33569

Mailing Address

P.O. BOX 45022
JACKSONVILLE FL 32232-5022

2. Principal Place of Business

3. Mailing Address

PO Box 30169

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33630-3169 US

4. FEI Number

59-3284538

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

**HOLBROOK, H. LEON
INDEPENDENT SQUARE
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202**

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.

\$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 **RINGHAVER, LANCE C**
STREET ADDRESS **9797 GIBSONTON DRIVE**
CITY - ST - ZIP **RIVERVIEW FL 33569**

STREET ADDRESS

CITY - ST - ZIP

200003148062--5

-02/25/00--01088--007

******526.25 ****526.25**

DOCUMENT #
NAME **RINGHAVER, RANDAL L**
STREET ADDRESS **8050 PHILLIPS HIGHWAY**
CITY - ST - ZIP **JACKSONVILLE FL 32256**

STREET ADDRESS

CITY - ST - ZIP

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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:

SIGNATURE RINGHAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

00 FEB 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)