

2002 UNIFORM BUSINESS REPORT (UBR)

0006288 AT

DOCUMENT # **A95000001736**

1. Entity Name

THE FERRELL VENTURE FUND, LTD.

FILED

02 APR 30 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6727 EPPING FOREST WAY NORTH JACKSONVILLE FL 32217	Mailing Address 6727 EPPING FOREST WAY NORTH JACKSONVILLE FL 32217
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3346090	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

YONG, FRANK J
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

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. **\$2,550,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	F96000002351 FERRELL HOLDINGS, INC. 6727 EPPING FOREST WAY NORTH JACKSONVILLE FL 32217
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400005509974 7 05/15/02--01010--016 ****526.25 ****526.25
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: *Irish D Ferrell* **IRISH D FERRELL** **4-25-02** **904 737-6764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)

STAPLE CHECK HERE