

2001 UNIFORM BUSINESS REPORT (UBR)

0014627 AF

DOCUMENT # A96000001206

1. Entity Name
ELSBERRY, LTD.

FILED

Principal Place of Business
**6203 N. HIGHWAY 41
RUSKIN FL 33570**

Mailing Address
**P.O. BOX 3172
APOLLO BEACH FL 33572**

01 MAR -6 AM 10:55
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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 **59-3387977** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**REYNOLDS, STEPHEN H ESQ.
111 E. MADISON STREET, SUITE 2300
TAMPA FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$764,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **764,000**

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. **526.25**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ELSBERRY, BRUCE P 6203 N. HIGHWAY 41 RUSKIN FL 33570	STREET ADDRESS CITY - ST - ZIP	200003829372-4 -03/09/01--01138--024 ***526.25 ***526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ELSBERRY, TERRY L 6203 N. HIGHWAY 41 RUSKIN FL 33570	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ELSBERRY, ROSS S 6203 N. HIGHWAY 41 RUSKIN FL 33570	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: **ROSS S Elsberry** **24 Feb 01 813 6454480**

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

CR2E003 (11/00)