

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001612

1. Entity Name

JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP

FILED

01 APR -9 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2712 BARRET AVENUE
PLANT CITY FL 33567-7250

Mailing Address

C/O GREG W. SCHMITTGENS
333 SOUTH KIRKWOOD ROAD, SUITE 300
ST. LOUIS MO 63122

2. Principal Place of Business

3. Mailing Address

c/o Greg W. Schmittgens

Suite, Apt. #, etc.

Suite, Apt. #, etc.

333 S. Kirkwood Suite 300

City & State

City & State

St. Louis Mo

4. FEI Number

59-3407670

Applied For

Not Applicable

Zip

Country

Zip

63122

Country

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

ELLIOTT, JOHN C
2712 BARRET AVENUE
PLANT CITY FL 33567-7250

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

610 Belleair Isle Ave

City

Belleair Beach

FL

Zip Code

33784-

3614

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.

\$1,970,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,970,000.00

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 ELLIOTT, JOHN C
STREET ADDRESS 2712 BARRET AVENUE
CITY-ST-ZIP PLANT CITY FL 33567-7250

STREET ADDRESS 610 Belleair Isle Ave
CITY-ST-ZIP Belleair Beach, FL 33786-3614

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)