

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018660 AF

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

Mailing Address

**2712 BARRET AVENUE  
PLANT CITY FL 33567-7250**

**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

*John C. Elliott*

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:

*John C. Elliott* **JOHN C ELLIOTT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/2/01**

Date

Daytime Phone #

CR2E003 (11/00)