

2002 UNIFORM BUSINESS REPORT (UBR)

0020037 AB

DOCUMENT # A96000001612

1. Entity Name

JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP

FILED

02 MAY 13 PM 2: 53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3407670

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

**ELLIOTT, JOHN C
610 BELLEAIR ISLE AVE.
BELLEAIR BEACH FL 32784-3614**

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.

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ELLIOTT, JOHN C 610 BELLEAIR ISLE AVE BELLEAIR BEACH FL 33786-3614	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02

27-595-0441

CR2E003 (9/01)