

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

182
0003208
MB

DOCUMENT # A96000001612
1. Entity Name
JOHN C. ELLIOTT FAMILY LIMITED PARTNERSHIP



FILED
03 JUL 18 AM 11:34
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
610 BELLAIR ISLE AVE.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State
BELLEAIR-BEACH, FL

City & State

Zip
32784-3614

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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	ELLIOTT, JOHN C
STREET ADDRESS	610 BELLEAIR ISLE AVE
CITY-ST-ZIP	BELLEAIR BEACH FL 33786-3614
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	900021642929
CITY-ST-ZIP	07/18/03--01040--003 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *John C. Elliott* **7/10/03** **727-595-2441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (4/03)

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HUMES & BARRINGTON, P.C.
Certified Public Accountants

I d e a s T h a t M a k e A D i f f e r e n c e

July 8, 2003

Divisions of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: John C. Elliot Family Limited Partnership
 FEIN: 59-3407670

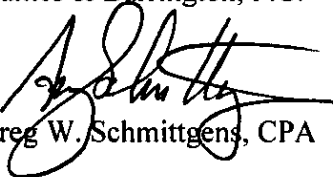
To Whom It May Concern:

As instructed by your office, this letter is to inform the Division of Corporations Registration Section of the State of Florida that a 2003 Limited Partnership Uniform Business Report was not received prior to May 1, 2003 for the above taxpayer. As a result, please waive the \$400.00 late fee usually associated with returns that are filed after May 1st. If you have any questions, please contact me directly at 314-966-6622.

We appreciate your help in this matter.

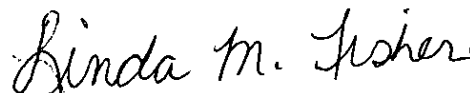
Very truly yours,

Humes & Barrington, P.C.


Greg W. Schmittgens, CPA

GWS/ljh

Enclosure





LINDA M. FISHER
St. Louis County
My Commission Expires
August 15, 2006