

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000021

1. Entity Name

THE MICHAEL/DORIS ELLZEY LIMITED PARTNERSHIP

FILED

00 JAN 18 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4216 SE 5TH STREET
OCALA FL 34471

Mailing Address

4216 SE 5TH STREET
OCALA FL 34471-3104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3423471

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BOULEVARD, SUITE 1609
JACKSONVILLE FL 32207

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

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. \$401,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$401,000.00

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 ELLZEY, DORIS J
STREET ADDRESS 4216 SE 5TH STREET
CITY - ST - ZIP Ocala FL 34471

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Doris J. Ellzey 1-12-00 352 694-2630

Date

Daytime Phone #