2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000433

1. Entity Name

ULLRICH FAMILY LIMITED PARTNERSHIP

FILED

00 MAY 10 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
817 KELL-AIRE COURT DESTIN FL 32541	817 KELL-AIRE COURT DESTIN FL 32541-2643

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3438316 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, J. JEROME ESQ.
415 MOUNTAIN DRIVE, SUITE 3
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name: Kevin M. Helmich
Street Address (P.O. Box Number is Not Acceptable): 34851 Emerald Coast Pkwy., Ste 100
City: Destin FL Zip Code: ~~32540~~ 32541

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] 5-9-00
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 $1,925,000.00

10. Amount of Capital Contributions in FLORIDA to date

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 #	P96000090956	STREET ADDRESS	
NAME	ULLRICH, INC.		
STREET ADDRESS	817 KELL-AIRE COURT	CITY-ST-ZIP	700003289417--5
CITY-ST-ZIP	DESTIN FL 32541		
DOCUMENT #		STREET ADDRESS	-06/14/00--01030--024 ****526.25 ****526.25
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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 REQUIRED [signature] Richard E. Ullrich 4-6-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 850-862-821-