

# 2000 UNIFORM BUSINESS

DOCUMENT # **A97000001132**

1. Entity Name  
**TELLOR FAMILY PARTNERSHIP, LTD.**

Principal Place of Business  
**6411 66TH AVENUE NORTH  
PINELLAS PARK FL 33781**

Mailing Address  
**6411 66TH AVENUE NORTH  
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**TELLOR, ELIZABETH M  
6411 66TH AVENUE NORTH  
PINELLAS PARK FL 33781**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

4. FEI Number **59-3446029**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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)

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

9. Capital Contributions as Shown on record

**\$1,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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.

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TELLOR, ELIZABETH  
6411 66TH AVENUE NORTH  
PINELLAS PARK FL 33781**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TELLOR, PHYLLIS M  
6411 66TH AVENUE NORTH  
PINELLAS PARK FL 33781**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P97000042498  
TELLOR ASSOCIATES, INC.  
6411 66TH AVENUE NORTH  
PINELLAS PARK FL 33781**

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13.

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**-11/07/00--01141--011**  
**\*\*\*\*926.25 \*\*\*\*926.25**

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/23/00

727 527-7512

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02



DO NOT WRITE IN THIS SPACE

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