

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001339**

1. Entity Name

**THE MARY W. ELLIS FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

Principal Place of Business

4061 N.W. 6TH STREET  
MIAMI FL 33126

Mailing Address

6008 N. ISLAND HARBOR ROAD  
SEBASTIAN FL 32958-4710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11377 SW 84 ST**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 228**

City & State

**MIAMI FL**

4. FEI Number

**65-0764618**

Applied For

Not Applicable

Zip

**33173**

Country

**DADE**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOPKINS, MARY W**  
**4061 N.W. 6TH STREET**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

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

**11377 SW 84 ST #228**

City

**MIAMI**

FL

Zip Code

**33173**

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.

**\$24,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**24 000**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**HOPKINS, MARY W**  
**4061 N.W. 6TH STREET**  
**MIAMI FL 33126**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**GOLDEN, FRANCES**  
**6008 N. ISLAND HARBOR ROAD**  
**SEBASTIAN FL 32958**

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

**11377 SW 84 ST #228**

CITY - ST - ZIP

**MIAMI FL 33173**

STREET ADDRESS

CITY - ST - ZIP

**000003196300--2**

**-04/05/00--01014--014**

**\*\*\*\*256.75 \*\*\*\*256.75**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3-21-00**

Date

**561-589-2890**

Daytime Phone #

UBR:009 A:

CR2E003 (9/99)