

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002473**

1. Entity Name

JAMES M. POFFENBAUGH FAMILY PARTNERSHIP, LTD.

Principal Place of Business

6110 E. IRLO BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771

Mailing Address

6110 E. IRLO BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771-7322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3278573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POFFENBAUGH, JAMES M

**6110 E. IRLO BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771**

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.

\$435,600.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**POFFENBAUGH, JAMES M
6110 E. IRLO BRONSON MEMORIAL HIGHWAY
ST. CLOUD FL 34771**

DOCUMENT #
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STREET ADDRESS
CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
**700003317257--1
-07/10/00--01018--006
****526.25 ****526.25**

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

Date

5-1-2000 407/892-4373

Daytime Phone #

CR2EC03 (9/ 9)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 21 PM 1:29

DO NOT WRITE IN THIS SPACE

