

2001 UNIFORM BUSINESS REPORT (UBR)

0012863 AF

DOCUMENT # **A97000002473**

1. Entity Name

JAMES M. POFFENBAUGH FAMILY PARTNERSHIP, LTD.

FILED

01 APR 23 AM 10:33

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1787 LEE JANZEN DRIVE

3. Mailing Address

1787 LEE JANZEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3278573

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

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 *James M. Poffenbaugh*

JAMES M. POFFENBAUGH

3-7-2001

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1787 LEE JANZEN DRIVE**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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:

James M. Poffenbaugh
JAMES M. POFFENBAUGH

3-7-2001

407-348-0624

Date

Daytime Phone #

CR2E003 (11/00)