

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002578

1. Entity Name

MARY LOUISE RIPPLE, LTD.

Principal Place of Business  
12301 HOLLOW STUMP ROAD  
TAMPA FL 33637

Mailing Address  
12301 HOLLOW STUMP ROAD  
TAMPA FL 33637

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

59-3479897

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RIPPLE, MARY LOUISE  
12301 HOLLOW STUMP ROAD  
TAMPA FL 33637

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.

\$5,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,250,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

RIPPLE, MARY LOUISE  
12301 HOLLOW STUMP ROAD  
TAMPA FL 33637

STREET ADDRESS

CITY-ST-ZIP

59-3479897  
04/18/01 01013 021  
\*\*\*\*\*26.25 \*\*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CHAMBERS, SHELLY ANN  
7205 RAPA HORN DRIVE  
TAMPA FL 33637

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Shelly Ann Chambers 49-01 813-972-8828

Date

Daytime Phone #

0014674  
AF



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)