

2001 UNIFORM BUSINESS REPORT (UBR)

0010480 A

DOCUMENT # A97000002624

1. Entity Name

RUTHVEN FAMILY LIMITED PARTNERSHIP NUMBER ONE

Principal Place of Business

41 LAKE MORTON DRIVE
LAKELAND FL 33801

Mailing Address

P.O. BOX 2187
LAKELAND FL 33806

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 2420

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3481806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUTHVEN, JOE P
41 LAKE MORTON DRIVE
LAKELAND FL 33801

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.

\$148,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

1100

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 # P97000102386
NAME RUTHVEN GP ONE, INC.
STREET ADDRESS 41 LAKE MORTON DRIVE
CITY-ST-ZIP LAKELAND FL 33801

DOCUMENT #

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01

Date

863-686-3173

Daytime Phone #

CR2E003 (11/00)

FILED
May 18, 2001 8:00 A.
Secretary of State

DO NOT WRITE IN THIS SPACE