

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002181

1. Entity Name

ELDRIDGE FAMILY PARTNERSHIP, LTD.

FILED

00 FEB 16 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

222 WEST COMSTOCK AVENUE, SUITE 210
WINTER PARK FL 32789

Mailing Address

P.O. BOX 2146
WINTER PARK FL 32790-2146

2. Principal Place of Business

222 S. Pennsylvania Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

City & State

4. FEI Number

59-3534199

Applied For

Not Applicable

Zip

Country

32789

U.S.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALTSMAN, ROBERT P

222 WEST COMSTOCK AVENUE, SUITE 210

WINTER PARK FL 32789

Name

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

222 S. Pennsylvania Ave., Suite 200

City

Winter Park

FL

Zip Code
32789

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.

\$990.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000080479
NAME C. ELDRIDGE, INC.
STREET ADDRESS 222 WEST COMSTOCK AVENUE, SUITE 210
CITY - ST - ZIP WINTER PARK FL 32789

STREET ADDRESS 222 S. Pennsylvania Ave., Ste 200
CITY - ST - ZIP Winter Park, FL 32789

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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

Date

Daytime Phone #

CR2E003 (9/99)