

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002840**

1. Entity Name

ELIZABETH FISHER INVESTMENTS, LTD.

FILED

02 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4381 VENETIA BOULEVARD
JACKSONVILLE FL 32210**

Mailing Address

**4381 VENETIA BOULEVARD
JACKSONVILLE FL 32210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3547804

Applied For

Not Applicable

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

LOWMAN, WILLIAM R JR.

**315 EAST ROBINSON STREET, SUITE 600
ORLANDO FL 32802**

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.

DATE

9. Capital Contributions
as Shown on record.

\$4,000,000.00

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 #	
NAME	WULBERN, JOHN C
STREET ADDRESS	910 S. HIMES AVENUE
CITY-ST-ZIP	TAMPA FL 33629
DOCUMENT #	
NAME	WULBERN, EDWARD R
STREET ADDRESS	4381 VENETIA BOULEVARD
CITY-ST-ZIP	JACKSONVILLE FL 32210
DOCUMENT #	
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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 of 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

EDWARD R WULBERN 4/20/02 (904) 384-3113

Date

Daytime Phone

CR2E003 (9/01)