

2002 UNIFORM BUSINESS REPORT (UBR)

0007663 AT

DOCUMENT # **A99000001791**

1. Entity Name
ELLIS PARTNERSHIP, LTD.

Principal Place of Business
**34041 PARKVIEW AVENUE
EUSTIS FL 32726**

Mailing Address
**34041 PARKVIEW AVENUE
EUSTIS FL 32726**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02 APR 23 AM 10:30



DUE BY MAY 1, 2002

4. FEI Number **59-3603447**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, LAURA R
34041 PARKVIEW AVENUE
EUSTIS FL 32726**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,373,619.00**

10. Amount of Capital Contributions in FLORIDA to date. **526.25**

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	STREET ADDRESS	CITY-ST-ZIP
	ELLIS, LAURA R TRUSTEE	34041 PARKVIEW AVENUE	EUSTIS FL 32726
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800005361748--8
	-04/29/02--01016--002
	*****526.25 *****526.25
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 **X** *Laura R Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/01)