

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000001

1. Entity Name

CF MARTIN SULPHUR, L.P.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4200 Stone Road

3. Mailing Address

P. O. Box 191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kilgore, TX

City & State

Kilgore, TX

Zip

75662

Country

USA

Zip

75663

Country

USA

4. FEI Number

51-0403896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System  
1200 Pine Island Road  
Plantation, FL 33324

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 36,000,000

10. Amount of Capital Contributions

in FLORIDA to date 4,500,000

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 # M01000000001  
NAME CF Martin Sulphur, L.L.C.  
STREET ADDRESS 4200 Stone Road  
CITY-ST-ZIP Kilgore, TX 75662

STREET ADDRESS

CITY-ST-ZIP

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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:



Robert D. Bondurant

4-17-01

903-983-6250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)