

2001 UNIFORM BUSINESS REPORT (UBR)

0017855 AF

DOCUMENT # B98000000216

1. Entity Name
ELLENBURG FAMILY LIMITED PARTNERSHIP


Principal Place of Business
**4807 CALHOUN MEMORIAL HIGHWAY
EASLEY SC 29642**

Mailing Address
**P.O. BOX 786
EASLEY SC 29641**

FILED

01 MAR 14 AM 11:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
58-2379836

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

6. Name and Address of Current Registered Agent
**DARBY, HERBERT F
327 NORTH HERNANDO STREET
LAKE CITY FL 32055**

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 _____ (NOTE: Registered Agent signature required when changing)
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$455,171.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$419,688**

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 #		STREET ADDRESS	
NAME	ELLENBURG, RALPH M SR.	CITY-ST-ZIP	
STREET ADDRESS	4807 CALHOUN MEMORIAL HIGHWAY		
CITY-ST-ZIP	EASLEY SC 29642		
DOCUMENT #		STREET ADDRESS	
NAME	ELLENBURG, HELEN P	CITY-ST-ZIP	
STREET ADDRESS	4807 CALHOUN MEMORIAL HIGHWAY		
CITY-ST-ZIP	EASLEY SC 29642		
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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: *Ralph M. Ellenburg Sr.* **1-14-01** **859-7131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)