

# 2001 UNIFORM BUSINESS REPORT (UBR)

0024712 AF

DOCUMENT # L00000009680

1. Entity Name  
RANSOME FAMILY PARTNERS, LLC

FILED

01 JAN 17 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7819 S.E. 12TH CIRCLE  
OCALA FL 34480

Mailing Address  
7819 S.E. 12TH CIRCLE  
OCALA FL 34480

2. Principal Place of Business  
8900 SE 19th Avenue Road  
Suite, Apt. #, etc.

3. Mailing Address  
8900 SE 19th Avenue Road  
Suite, Apt. #, etc.

City & State  
OCALA FL

City & State  
OCALA FL

4. FEI Number  
59-3666431

Applied For  
Not Applicable

Zip  
34480  
Country  
MARION

Zip  
34480  
Country  
MARION

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SAUEY, JEFFREY L  
21 N.E. 1ST AVENUE  
OCALA FL FL344-70

## 7. Name and Address of New Registered Agent

Name: DAWSON RANSOME  
Street Address (P.O. Box Number is Not Acceptable)  
8900 SE 19th Avenue Road  
City: Ocala FL Zip Code: 34480

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: DAWSON RANSOME DAWSON RANSOME - President 1-15-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

600003572466--9  
-01/24/01--01013--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAWSON RANSOME 1-15-01 352-402-0144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)