

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000976**

1. Entity Name

KISSAWAY PLANTATION, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 29 AM 10:02

Principal Place of Business
11657 VILLAGE LANE
JACKSONVILLE FL 32223

Mailing Address
11657 VILLAGE LANE
JACKSONVILLE FL 32223



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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3321805** 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

MCCORKLE, ALLAN J
11657 VILLAGE LANE
JACKSONVILLE FL 32223

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$5,000,000.00** 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 STREET ADDRESS CITY-ST-ZIP	P95000050786 KISSAWAY PLANTATION, INC. 11657 VILLAGE LANE JACKSONVILLE FL 32223	STREET ADDRESS CITY-ST-ZIP	400003386264--6 -09/08/00--01027--017 ****446.25 ****446.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000050795 MALLARD TRACE, INC. AMENDED BY TRAMMY CLINE 11657 VILLAGE LANE JACKSONVILLE FL 32223 MAY 4 2000 Letr 90000026259	STREET ADDRESS CITY-ST-ZIP	400003386264--6 -09/08/00--01027--018 *****88.75 *****88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCORKLE, HOLLY J 11657 VILLAGE LANE JACKSONVILLE FL 32223	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (5/00)

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: *Signature* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **8-8-00** Daytime Phone # **904 268 9262**

ALLAN J. MCCORKLE