

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 22 PM 3: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0001321 AV

**DOCUMENT # A98000001417**  
1. Entity Name  
**ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMENTS, LTD.**

Principal Place of Business <b>3251 MORRIS LANE COCONUT GROVE FL 33133</b>	Mailing Address <b>3251 MORRIS LANE COCONUT GROVE FL 33133</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0862084</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**DUE BY MAY 1, 2002**

**6. Name and Address of Current Registered Agent**  
**B&C CORPORATE SERVICES, INC.**  
**201 S. BISCAYNE BOULEVARD, SUITE 3000**  
**MIAMI FL 33131**

**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. **\$10,450.00**

10. Amount of Capital Contributions in FLORIDA to date. **10,450**

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	<b>MCLEOD, ALLAN G 3251 MORRIS LANE COCONUT GROVE FL 33133</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MCLEOD, DORIS S 3251 MORRIS LANE COCONUT GROVE FL 33133</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200005361822--7</b>
CITY-ST-ZIP	<b>04/20/02 01011-031 ****161.90 ****161.90</b>
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:** *Allan G. W. McLeod* **ALLAN G. W. MCLEOD** **4/17/02** **305 858 2339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)