

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000125

1. Entity Name

MARCHNER ENTERPRISES, LTD.

FILED

Principal Place of Business

1304 CHARLIE GRIFFIN ROAD  
PLANT CITY FL 33567

Mailing Address

1304 CHARLIE GRIFFIN ROAD  
PLANT CITY FL 33567

01 JAN 16 PM 9:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-362-0809

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

MARCHNER, MICHAEL R  
1304 CHARLIE GRIFFIN ROAD  
PLANT CITY FL 33567

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.

\$10,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

-0-

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 MARCHNER, MICHAEL R  
STREET ADDRESS 1304 CHARLIE GRIFFIN ROAD  
CITY-ST-ZIP PLANT CITY FL 33567

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME MARCHNER, MARY C  
STREET ADDRESS 1304 CHARLIE GRIFFIN ROAD  
CITY-ST-ZIP PLANT CITY FL 33567

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #  
NAME MARCHNER, MICHAEL R JR.  
STREET ADDRESS 4528 CASITAS PASS ROAD  
CITY-ST-ZIP VENTURA CA 93001

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #  
NAME MARCHNER, THOMAS J  
STREET ADDRESS 5010 HADRIAN DRIVE  
CITY-ST-ZIP DURHAM NC 27703

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME  
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:

*Michael R Marchner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10 Jan 01 813-752-6547

CR2E003 (1/1/00)