

2002 UNIFORM BUSINESS REPORT (UBR)

0008781 AT

DOCUMENT # **A00000000431**

FILED

02 MAR 18 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

1. Entity Name

CLARIEL J. MULHOLLAND FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

1100 BEACH RD. APT 3K
VERO BEACH FL 32963

1100 BEACH RD. APT 3K
VERO BEACH FL 32963



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0988559

Applied For

Not-Applicable

Zip

Country

Zip

Country

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

**PATRICIA F. CHERRY, C/O JOHNS ISLAND
PROPERTY OWNERS ASSOCIATION
ONE TURTLE BEACH RD.
VERO BEACH FL 32963**

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.

DATE

9. Capital Contributions as Shown on record.

\$2,400,000.00

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 # **L00000002588**
NAME **CLAIRE J MULHOLLAND LLC**
STREET ADDRESS **1100 BEACH RD., PT 3K**
CITY-ST-ZIP **VERO BEACH FL**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **100005169051--8**
CITY-ST-ZIP **03/26/02--01044--022**
*****526.25 ***526.25**

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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:

Claire J. Mulholland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/02

Date

561 234 0898

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE