

2001 UNIFORM BUSINESS REPORT (UBR)

0018991 AB

DOCUMENT # **A00000000856**

1. Entity Name

COMMODORE POINT OF NORTHEAST FLORIDA, LTD.

FILED

01 MAY -3 AM 11:11

Principal Place of Business

**1068 MAGAZINE STREET
NEW ORLEANS LA 70130**

Mailing Address

**1068 MAGAZINE STREET
NEW ORLEANS LA 70130**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1527 HARMONY ST

3. Mailing Address

1527 HARMONY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW ORLEANS, LA

City & State

NEW ORLEANS, LA

4. FEI Number

58-2547923

Applied For

Not Applicable

Zip

70115-3408

Country

USA

Zip

70115-3408

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YONG, FRANK J
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32201**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 500,000

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 # **P00000045088**
NAME **MCNACORP., INC.**
STREET ADDRESS **1068 MAGAZINE STREET**
CITY-ST-ZIP **NEW ORLEANS LA 70130**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1527 HARMONY ST

CITY-ST-ZIP

NEW ORLEANS, LA 70115-3408

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

McNACORP INC.

4/30/01 504-897-1299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)