

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001434 AF

DOCUMENT # A00000001530

1. Entity Name

MALACHI INVESTMENT MANAGEMENT, LTD.

FILED

01 FEB 19 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

239 HUNTERS POINT TRAIL  
LONGWOOD FL 32779

Mailing Address

239 HUNTERS POINT TRAIL  
LONGWOOD FL 32779

2. Principal Place of Business

919 W. STATE ROAD 436

3. Mailing Address

919 W. STATE ROAD 436

Suite, Apt. #, etc.

#240

Suite, Apt. #, etc.

#240

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

4. FEI Number

59-3674767

Applied For

Not Applicable

Zip

32714

Country

USA

Zip

32714

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUAILS, JOE

239 HUNTERS POINT TRAIL  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

919 W. STATE ROAD 436

SUITE 240

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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.

\$25,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

598,500

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 # P00000095022  
NAME MALACHI MANAGEMENT CORP.  
STREET ADDRESS 239 HUNTERS POINT TRAIL  
CITY-ST-ZIP LONGWOOD FL 32779

13. ADDRESS CHANGES ONLY

STREET ADDRESS 919 W. STATE ROAD 436, #240  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

DOCUMENT #  
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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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/30/01

Date

Daytime Phone #

CR2E003 (11/00)