

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001853

1. Entity Name

MCBRIDE FAMILY LIMITED PARTNERSHIP

FILED

01 MAR 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6818 GULF Drive
Holmes Beach, FL 34217

Mailing Address
SAME

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-1056691

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEVEN A. SCIARRETTA
2300 GLADES ROAD #302-E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name KENNETH McBRIDE

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

6818 GAULT DRIVE

City

HOLMES BEACH, FL

FL

Zip Code

34217

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record

3,000,000.00

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

DOCUMENT #
NAME McBRIDE MANAGEMENT LLC
STREET ADDRESS 6818 GAULT DRIVE
CITY-ST-ZIP HOLMES BEACH, FL 34217

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 6818 GULF Drive
CITY-ST-ZIP Holmes Beach, FL 34217

STREET ADDRESS
CITY-ST-ZIP 700003854397-4
-03/15/01-01072-008
****526.25 ****526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-941
2/24/2001-228-5507

CR2E003 (11/00)