

2002 UNIFORM BUSINESS REPORT (UBR)

0014476 AT

DOCUMENT # **A05781**

1. Entity Name

MCPINE APARTMENTS OF ARCADIA, LTD.

FILED
8.75
02 JUL -1 AM 8:58
400.00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**POST OFFICE BOX 1327
WAUCHULA FL 33873**

Mailing Address

**POST OFFICE BOX 1327
WAUCHULA FL 33873**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number **59-1817138**

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

**WHEELER, GEORGE T.
1440 CITRUS DR.
WAUCHULA FL 33873**

Name

Same

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

2646 Bailes Rd.

City

Zolfo Springs

FL

Zip Code

33890

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.

\$34,328.00

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 #
NAME **WHEELER, JANICE P**
STREET ADDRESS **3711 OAK HILLS RANCH**
CITY-ST-ZIP **ZOLFO SPRINGS FL 33890**

STREET ADDRESS

CITY-ST-ZIP

6000006224686--7

-07/05/02--01056--019

*****737.81 ***737.81**

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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:

Janice P Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date *6-26-02* Daytime Phone # *863-375-222*

CR2E003 (9/01)