

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A09476**

1. Entity Name  
**MCMILLAN, LTD.**



**FILED**

**03 JUN -3 AM 8:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**P.O. DRAWER 649  
THE LEIGH PLACE  
BREWTON AL 36427**

Mailing Address  
**P.O. DRAWER 649  
THE LEIGH PLACE  
BREWTON AL 36427**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **63-0777868**

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

**MITCHEM, SPENCE  
% BEGGS & LANE  
7TH FLOOR BLUNT BLDG.  
PENSACOLA FL 32576**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$1,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$5,000**

11. **MAKE CHECK PAYABLE TO FL. 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  
STREET ADDRESS  
CITY-ST-ZIP  
**MCMILLAN, ED L II  
315 BELLEVILLE AVE.  
BREWTON AL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TATE, ELVIRA M  
4320 CLUB DRIVE NE  
ATLANTA GA**

STREET ADDRESS

CITY-ST-ZIP

**000020417470  
06/03/03--01037--001 \*\*550.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OWENS, PAUL D JR.  
315 BELLEVILLE AVE.  
BREWTON AL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCMILLAN, THOMAS E JR.  
315 BELLEVILLE AVE.  
BREWTON AL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCMILLAN, ROBERT C  
315 BELLEVILLE AVE.  
BREWTON AL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**Thomas E. McMillan, Jr.**

**5/30/03**

Date

**(251)867-5413**

Daytime Phone #

CR2E003 (10/02)

0019623 MB