

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21787**

1. Entity Name

FMB ASSOCIATES LIMITED PARTNERSHIP

FILED

02 JAN 11 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**684 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

Mailing Address

**684 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

54-1344474

Applied For

Not Applicable

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

**MALBON, TIMOTHY GRAY
7211 EMILY DRIVE
FORT MYERS FL 33908**

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,500,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**MALBON, TIMOTHY G
684 ESTERO BOULEVARD
FORT MYERS BEACH FL 33931**

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**F98000003131
MALBON MOTEL MANAGEMENT, INC.
500 SUSAN CONSTANT DRIVE
VIRGINIA BEACH FL 23451**

STREET ADDRESS
CITY - ST - ZIP

**900004784453--3
-01/18/02--01051--003
***\$26.25 ***\$26.25**

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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

TIMOTHY G. MALBON 1/9/02

Date

Daytime Phone #

**941-
463-6000**

CR2E003 (9/01)

0014735 AT

STAPLE CHECK HERE