

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22016**

1. Entity Name

MOP PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business

**209 EAST STATE ST.
COLUMBUS OH 43215**

Mailing Address

**209 EAST STATE ST.
COLUMBUS OH 43215-4309**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**90 CASTO SOUTHEAST
P.O. Box 427**

City & State

City & State

OSPREY FL

Zip

Country

Zip

Country

34229

4. FEI Number

31-1203476

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADUCH, GARY F.
321 OLEANDER WAY
CASSELBERRY FL 32707**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$25.00

10. Amount of Capital Contributions
in FLORIDA to date.

25.00

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
**PADUCH, GARY F.
321 OLEANDER WAY
CASSELBERRY FL 32707**

STREET ADDRESS

CITY - ST - ZIP

**000003290000--3
-05/14/00--01116--012
***150.00 ***150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**MCCARTHY, KEVIN W.
120 UNIVERSITY PARK DR.
WINTER PARK FL**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**J35079
GRE SO FLA, INC.
209 E. STATE ST.
COLUMBUS OH**

STREET ADDRESS

CITY - ST - ZIP

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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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

941-926-0051