

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A22016

1. Entity Name
MOP PARTNERSHIP, LTD.



FILED
03 APR 30 AM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MMJH

Principal Place of Business
209 EAST STATE ST.
COLUMBUS OH 43215

Mailing Address
209 EAST STATE ST.
COLUMBUS OH 43215



2. Principal Place of Business
191 W NATIONWIDE BLVD
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address
191 W NATIONWIDE BLVD
Suite, Apt. #, etc.
SUITE 200

DUE BY MAY 1, 2003

City & State
COLUMBUS, OH

City & State
COLUMBUS, OH

4. FEI Number 31-1203476

Applied For
Not Applicable

Zip
43215-2568

Country

Zip
43215-2568

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PADUCH, GARY F.
321 OLEANDER WAY
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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. \$25.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAXI 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
PADUCH, GARY F.
321 OLEANDER WAY
CASSELBERRY FL 32707

STREET ADDRESS
CITY-ST-ZIP
800017624518
04/30/03--01126--010 **141.25

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
191 W NATIONWIDE BLVD, SUITE 200
COLUMBUS, OH 43215-2568

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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: _____

SIGNATURE REQUIRED DON M. CASTO, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/03
Date

Daytime Phone #

CR2E003 (10/02)