

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004775 AV

**DOCUMENT # A22036**

1. Entity Name

**PARRISH MPO, LTD.**

**FILED**

02 JAN 18 PM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br>1343 MAIN STREET<br>SUITE 500<br>SARASOTA FL 34236 | Mailing Address<br>1343 MAIN STREET<br>SUITE 500<br>SARASOTA FL 34236 |
|---|---|

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 **59-2625123**      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

**MANNAUSA, THOMAS J**  
1343 MAIN STREET  
5TH FLOOR  
SARASOTA FL 34236

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

9. Capital Contributions as Shown on record. **\$52,202.00**      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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>G66500</b><br><b>MANASOTA DEVELOPMENT INC</b><br><b>1343 MAIN STREET</b><br><b>SARASOTA FL</b> | STREET ADDRESS           |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | STREET ADDRESS           |  |
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-01/25/02-01083-010  
\*\*\*\*468.50 \*\*\*\*468.50

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

Date

Daytime Phone #

1/15/02

CR2E003 (9/01)

STATE CHECK HERE