

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014722 AT

DOCUMENT # **A26355**

1. Entity Name
MUM FAMILY LIMITED PARTNERSHIP



8444

FILED

03 APR 17 AM 7:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
P.O. BOX 231
LAKE WALES FL 33859

Mailing Address
P.O. BOX 231
LAKE WALES FL 33859



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2886342**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UPDIKE, LAWRENCE C.
68 MAMMOTH GROVE ROAD
LAKE WALES FL 33853**

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.

300016220493
04/17/03--01060--016 **526.25

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

DATE

9. Capital Contributions as Shown on record. **\$990,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **144781**
NAME **U & H CITRUS PROPERTIES, INC.**
STREET ADDRESS **68 MAMMOTH GROVE ROAD**
CITY-ST-ZIP **LAKE WALES FL**

STREET ADDRESS

CITY-ST-ZIP

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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: Lawrence C. Updike, Sec/Trs

863-696-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE