

2002 UNIFORM BUSINESS REPORT (UBR)

0018645 AB

DOCUMENT # **A27032**

1. Entity Name

MAGNOLIA LAYNE LTD.

FILED

02 APR 30 PM 3:41

Principal Place of Business

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

Mailing Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

31-1266052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PADUCH, GARY F.
321 OLEANDER WAY
CASTLEBERRY 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.

DATE

9. Capital Contributions
as Shown on record.

\$20.00

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 # **M77032**
NAME **GREEN COVE CO.**
STREET ADDRESS **209 EAST STATE ST.**
CITY-ST-ZIP **COLUMBUS, OHIO 43215**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **PADUCH, GARY F.**
NAME **321 OLEANDER WAY**
STREET ADDRESS **CASTLEBERRY FL 32707**
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ON M. CASTO, III**

APRIL 24, 2002

614-228-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE