

2002 UNIFORM BUSINESS REPORT (UBR)

0006863 AT

DOCUMENT # **A27825**

1. Entity Name

THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP "
B"

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3



Principal Place of Business
5619 GULF DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address
5619 GULF DRIVE
PANAMA CITY BEACH FL 32408

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **65-0083346**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAGGIORE, JAY M.
5619 GULF DRIVE
PANAMA CITY BEACH FL 32408

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. **\$66,835.00**

10. Amount of Capital Contributions
in FLORIDA to date. **66,835.00**

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

DOCUMENT #
NAME **MAGGIORE, JAY M.**
STREET ADDRESS **5619 GULF DRIVE**
CITY-ST-ZIP **PANAMA CITY BCH FL**

13. ADDRESS CHANGES ONLY

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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

Certified mail # 7001 1140 0001 5258 7604

SIGNATURE: *Jay M. Maggiore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/15/02** Daytime Phone # **850 2348492**

CR2E003 (9/01)

STAPLE CHECK HERE