

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27826**

1. Entity Name

**THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP \***

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

Mailing Address  
5619 GULF DRIVE  
PANAMA CITY BEACH FL 32408-6706

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -3 PM 5:18



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0083348</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MAGGIORE, JAY M. 5619 GULF DRIVE PANAMA CITY BEACH FL 32408				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$32,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>32,000.00</b>	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 #	MAGGIORE, JAY M.	STREET ADDRESS	700003213757--5
NAME	5619 GULF DRIVE	CITY - ST - ZIP	-04/18/00--01116--009
STREET ADDRESS	PANAMA CITY BCH FL		****312.75 ****312.75
CITY - ST - ZIP			
DOCUMENT #	AR- 224.00	STREET ADDRESS	BK
NAME	88.75	CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	AR SUPP	STREET ADDRESS	4/1/00
NAME	312.75	CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: *Jay M. Maggiore* **JAY M. MAGGIORE** **4/15/00** **850 234 8492**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)