

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006964 AT

DOCUMENT # **A27826**

1. Entity Name
THE JAY M. MAGGIORE FAMILY LIMITED PARTNERSHIP *
C*



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

Mailing Address
5619 GULF DRIVE
PANAMA CITY BEACH FL 32408

FILED

03 APR 10 PM 1:44



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0083348**

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

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

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.

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

DATE

9. Capital Contributions as Shown on record. **\$32,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **32,000.00**

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400015640184
04/10/03--01029--004 **312.75

M THOMAS

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 7002 3150 0000 25158429**

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER
Jay M. Maggiore

4/6/03

850 234 8497

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE