

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30189

1. Entity Name
MARK I PARTNERS, LTD.

Principal Place of Business
7355 S.W. 9TH STREET
VERO BEACH FL 32968

Mailing Address
7355 S.W. 9TH STREET
VERO BEACH FL 32968-9292

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0203995

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

GORDON, WILLIAM J.
7355 S.W. 9TH STREET
VERO BEACH FL 32968

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$3,000,000.00

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 #
NAME GORDON, WILLIAM J.
STREET ADDRESS 7355 S.W. 9TH STREET
CITY - ST - ZIP VERO BEACH FL

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME HAMNER, GEORGE F., JR.
STREET ADDRESS 7355 S.W. 9TH STREET
CITY - ST - ZIP VERO BEACH FL

STREET ADDRESS
CITY - ST - ZIP

6000003265596--5
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****535.00 ****535.00

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/7/00

Date

(561) 770-0042

Daytime Phone #

CR21003 (9/99)