

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31176**

1. Entity Name

**MEMORIAL MEDICAL COMPLEX - FUND I, LTD.**

FILED

00 APR -5 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**607 SOUTH MISSOURI AVENUE, SUITE 201  
LAKELAND FL 33801**

Mailing Address

**5904 SPRINGLAKE DR.  
LAKELAND FL 33811-1935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2952467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENT, B. JACK**

**607 SOUTH MISSOURI AVENUE  
SUITE 201  
LAKELAND FL 33801**

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.

**\$650,000.00**

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 # **K63174**  
NAME **MEDICAL MANAGERS & INVESTORS, INC.**  
STREET ADDRESS **LAKELAND FL 33801**  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

Date

Daytime Phone #

*B. Jack Kent* 3/26/2000 863-644-8889

CR2E003 (9/99)