

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A32590**  
 Entity Name  
**JACK MCCORMACK LIMITED PARTNERSHIP I -- LIMITED**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAR 13 AM 9:24

Principal Place of Business  
 P.O. BOX 1970  
 CHIEFLND FL 32626

Mailing Address  
 P.O. BOX 1970  
 CHIEFLAND FL 32644-1970



Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3159913**

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

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**  
 MCCORMACK, JACK  
 316 N.W. 11TH AVE.  
 CHIEFLND FL 32626

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

Capital Contributions as Shown on record. **\$10,000.00**

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.**

2. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MCCORMACK, JACK 316 N.W. 11TH AVE. CHIEFLND FL 32626	STREET ADDRESS CITY - ST - ZIP	725 N. E. 4th Ave. Chiefland, Florida 32626
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HARPER, MARY 725 N.E. 4TH AVE. CHIEFLND FL	STREET ADDRESS CITY - ST - ZIP	000003179070-2 03/22/00-01010-007 ****158.75 ****150.00
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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 OF MCCORMACK* 3/7/00 (352) 493-7770  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Jack McCormack Date Daytime Phone #

CR2E003 19/99