

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001082 AF

DOCUMENT # **A32590**

1. Entity Name

**JACK MCCORMACK LIMITED PARTNERSHIP I - LIMITED**

Principal Place of Business

P.O. BOX 1970  
CHIEFLAND FL 32626

Mailing Address

P.O. BOX 1970  
CHIEFLAND FL 32626

**FILED**

01 FEB 21 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

725 N. E. 4th Ave.

3. Mailing Address

725 N. E. 4th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Chiefland, Florida

City & State  
Chiefland, Florida

4. FEI Number

**59-3159913**

Applied For

Not Applicable

Zip Country  
32626 Levy

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

**MCCORMACK, JACK**  
**316 N.W. 11TH AVE.**  
**CHIEFLAND FL 32626**

Name

**Jack McCormack**

Street Address (P.O. Box Number is Not Acceptable)

725 N. E. 4th Ave.

City

Chiefland

FL

Zip Code  
32626

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 *Mary Harper*  
Signature, typed or printed name of registered agent if applicable.

**Jack McCormack** 02/16/01  
(NOTE: Registered Agent signature required when reinstating) DATE

9. 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **MCCORMACK, JACK**  
STREET ADDRESS **725 N.E. 4TH AVE.**  
CITY-ST-ZIP **CHIEFLAND FL 32626**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **HARPER, MARY**  
STREET ADDRESS **725 N.E. 4TH AVE.**  
CITY-ST-ZIP **CHIEFLAND FL 32626**

STREET ADDRESS

CITY-ST-ZIP

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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: *Mary Harper* REQUIRED **Jack McCormack**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/16/01 (352) 493-7770  
Date Daytime Phone #

CR2E003 (11/00)