

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A32590**

1. Entity Name  
**JACK McCORMACK Limited Partnership I**  
**Limited Partnership**

**FILED**

2002 MAR -5 AM 9:31

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**725 N.E. 4<sup>th</sup> AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**725 NE 4<sup>th</sup> AVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

City & State  
**CHIEFLAND FL**  
Zip  
**32626** Country  
**LEVY**

City & State  
**CHIEFLAND, FL**  
Zip  
**32626** Country  
**LEVY**

4. FEI Number  
**59-3159913** Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **MARY HARPER**  
Street Address (P.O. Box Number is Not Acceptable)  
**725 NE 4<sup>th</sup> 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, general partner* **[MARY HARPER]** **03-04-02**  
Signature, typed or printed name of registered agent and title, if applicable. 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**

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>A32590 MARY HARPER 725 NE 4<sup>th</sup> AVE CHIEFLAND, FL 32626</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>A32590 JACK McCORMACK 725 NE 4<sup>th</sup> AVE CHIEFLAND, FL 32626</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

**DO NOT WRITE  
IN THIS SPACE**

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* **MARY HARPER** **03/04/02** **352-493-7770**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE