

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A32590**

1. Entity Name
JACK McCORMACK Limited Partnership I
Limited Partnership

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
725 N.E. 4th AVE
Suite, Apt. #, etc.

3. Mailing Address
725 NE 4th AVE
Suite, Apt. #, etc.

City & State
CHIEFLAND FL
Zip
32626 Country
LEVY

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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

DUE BY MAY 1

**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 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, 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 #	A32590	STREET ADDRESS	
NAME	MARY HARPER	CITY-ST-ZIP	
STREET ADDRESS	725 NE 4 th AVE		
CITY-ST-ZIP	CHIEFLAND, FL 32626		
DOCUMENT #	A32590	STREET ADDRESS	
NAME	JACK McCORMACK	CITY-ST-ZIP	
STREET ADDRESS	725 NE 4 th AVE		
CITY-ST-ZIP	CHIEFLAND, FL 32626		
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STREET ADDRESS			
CITY-ST-ZIP			

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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

FILED

2002 MAR -5 AM 9:31

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

CR2E003B (12/01)

STAPLE CHECK HERE