

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33198**

1. Entity Name

**SECURITY NATIONAL #6, A LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

*[Handwritten Signature]*



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**SECURITY NATIONAL  
11911 JUSTICE AVENUE  
BATON ROUGE LA 70816**

Mailing Address

**SECURITY NATIONAL #6  
P.O. BOX 35  
EUREKA CA 95502-0035**

2. Principal Place of Business

**323 FIFTH STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**EUREKA, CA**

City & State

4. FEI Number

**92-0141646**

Applied For

Not Applicable

Zip

**95501**

Country

**HUMBOLDT**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
STE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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.

**\$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 # **P39624**  
NAME **MCKINLEYVILLE INVESTMENTS, INC.**  
STREET ADDRESS **341 W. TUDOR, SUITE 202**  
CITY - ST - ZIP **ANCHORAGE AK**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**700003249097-4**  
**-05/12/00--01003--007**  
**\*\*\*\*158.75 \*\*\*\*158.75**

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-00

Date

(707) 442-2818

Daytime Phone #