

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000605

1. Entity Name

THE MEHAFFEY FAMILY LIMITED PARTNERSHIP

FILED

00 FEB 17 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2203 GREENVIEW CIRCLE
ORLANDO FL 32808

Mailing Address

P.O. BOX 002663
ORLANDO FL 32868-2663



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1332 BONEFISH CT.

3. Mailing Address

1332 BONEFISH CT.

Suite, Apt. #, etc.

FT. PIERCE FL

Suite, Apt. #, etc.

FT. PIERCE FL

City & State

FT. PIERCE FL

City & State

FT. PIERCE FL

4. FEI Number

59-3238642

Applied For

Not Applicable

Zip

34949

Country

St. Lucie

Zip

34949

Country

St. Lucie

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

MEHAFFEY, CLAUDE W
2203 GREENVIEW CIRCLE
ORLANDO FL 32808

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

100.00

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 MEHAFFEY, CLAUDE W
STREET ADDRESS 2203 GREENVIEW CIRCLE
CITY - ST - ZIP ORLANDO FL 32808

STREET ADDRESS 1332 BONEFISH COURT
CITY - ST - ZIP FT. PIERCE, FL 34949

DOCUMENT #
NAME MEHAFFEY, VIRGINIA-L
STREET ADDRESS 2203 GREENVIEW CIRCLE
CITY - ST - ZIP ORLANDO FL 32808

STREET ADDRESS 1332 BONEFISH COURT
CITY - ST - ZIP FT. PIERCE, FL 34949

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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8000002155402-3
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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: Claude W. MehaFFEY CLAUDE W. MEHAFFEY, PRESIDENT
SIGNATURE REQUIRED 2-14-00 561-464-1976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)