

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001491**

1. Entity Name

**M M & A, A FLORIDA LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 6:30

Principal Place of Business  
105 ODIN DRIVE, S.E.  
WINTER HAVEN FL 33884

Mailing Address  
105 ODIN DRIVE, S.E.  
WINTER HAVEN FL 33884-2815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3270213**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HOGG, MIRIAM S**  
105 ODIN DRIVE, S.E.  
WINTER HAVEN FL 33884

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$934,000.00**

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 **HOGG, MIRIAM S**  
STREET ADDRESS **105 ODIN DRIVE, S.E.**  
CITY - ST - ZIP **WINTER HAVEN FL 33884**

STREET ADDRESS

**200003174692--6**

CITY - ST - ZIP

**-03/17/00--01083--033**

**\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME **AMBROSE, MARY ANN**  
STREET ADDRESS **105 ODIN DRIVE, S.E.**  
CITY - ST - ZIP **WINTER HAVEN FL 33884**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **606935**  
NAME **B & M GROVES, INC.**  
STREET ADDRESS **105 ODIN DRIVE, S.E.**  
CITY - ST - ZIP **WINTER HAVEN FL 33884**

STREET ADDRESS

CITY - ST - ZIP

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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: **SIGNATURE REQUIRED** *Hogg (Gen. Part)* 3/1/2000 863-325-8110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)