

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A94000001546**

1. Entity Name

DENNIS C. MCNAMARA, SR. FAMILY LIMITED PARTNERSH

00 APR -3 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature
4/1/00

Principal Place of Business
1010 WEST COLONIAL DR.
ORLANDO FL 32804

Mailing Address
1010 WEST COLONIAL DR.
ORLANDO FL 32804-7337



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 **59-3275667**

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

WILLIFORD, K R
1010 WEST COLONIAL DR.
ORLANDO FL 32804

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$4,220,408.00**

10. Amount of Capital Contributions in FLORIDA to date. **4,220,408.00**

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 **MCNAMARA, DENNIS C SR.**
STREET ADDRESS **1010 WEST COLONIAL DR.**
CITY - ST - ZIP **ORLANDO FL 32804**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **MCNAMARA, HAL B**
STREET ADDRESS **1010 WEST COLONIAL DR.**
CITY - ST - ZIP **ORLANDO FL 32804**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **MCGEE, MARGARET M**
STREET ADDRESS **1010 WEST COLONIAL DR.**
CITY - ST - ZIP **ORLANDO FL 32804**

STREET ADDRESS

CITY - ST - ZIP

900003213959-5
04/19/00 01015 019
******526.25 ****526.25**

DOCUMENT #
NAME **MCNAMARA, DENNIS C JR.**
STREET ADDRESS **1010 WEST COLONIAL DR.**
CITY - ST - ZIP **ORLANDO FL 32804**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME **VILLARROEL, MARY ANN**
STREET ADDRESS **1010 WEST COLONIAL DR.**
CITY - ST - ZIP **ORLANDO FL 32804**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

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: *Dennis C. McNamara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

32900 (407) 849-0610
Date Daytime Phone #

CR2E003 (9/99)