

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000325**

1. Entity Name

W. GUY MCKENZIE FAMILY PARTNERSHIP, LTD.

Principal Place of Business

**4412 W. PENSACOLA ST.
TALLAHASSEE FL 32304**

Mailing Address

**PO BOX 2100
TALLAHASSEE FL 32316-2100**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 North Meridian Rd.

3. Mailing Address

P. O. Box 3546

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3294733

Applied For

Not Applicable

Zip

32303

Country

U.S.A.

Zip

32315

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PANEBIANCO, THOMAS F
4412 W. PENSACOLA ST.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

Thomas F. Panebianco

Street Address (P.O. Box Number is Not Acceptable)

1801 North Meridian Rd., Suite A

City

Tallahassee

FL

Zip Code

32303

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

Thomas F. Panebianco
Signature, typed or printed name of registered agent and title if applicable.

Thomas F. Panebianco

April 27, 2000

DATE

9. Capital Contributions
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,000,000.00

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

DOCUMENT #

NAME

MCKENZIE, W. GUY SR.

STREET ADDRESS

4124 COVENANT LANE

CITY - ST - ZIP

TALLAHASSEE FL 32308

DOCUMENT #

NAME

PANEBIANCO, THOMAS F

STREET ADDRESS

110 MCLAY RD

CITY - ST - ZIP

TALLAHASSEE FL 32312

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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**FILED
MAY - 1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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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

(850) 575-1293

SIGNATURE

Thomas F. Panebianco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas F. Panebianco

Apr. 27, 2000

Date

Daytime Phone #