

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000325

1. Entity Name

W. Guy McKenzie Family Partnership, LTD.

FILED

01 APR 26 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1801 N. Meridian Rd.
Suite A
Tallahassee FL 32303

Mailing Address

P.O. Box 3546
Tallahassee FL 32315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3294733

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

PANEBIANCO, THOMAS F.
1801 N. MERIDIAN RD.
SUITE A
TALLAHASSEE FL 32303

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. \$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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MCKENZIE, W. GUY SR.
4124 COVENANT LANE
TALLAHASSEE FL 32308

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
PANEBIANCO, THOMAS F.
110 MCLAY RD
TALLAHASSEE FL 32312

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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

(850)575-1293

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas F. Panebianco April 24, 2001

Date

Daytime Phone #

CR2E003 (11/00)