

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000393**

1. Entity Name

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

FILED

00 JAN 21 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2040 N.W. 67TH PLACE  
GAINESVILLE FL 32653

Mailing Address

P.O. BOX 5278  
GAINESVILLE FL 32627-5278



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

59-3287910

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

WHALEN, CHERYL L

2040 N.W. 67TH PLACE  
GAINESVILLE FL 32653

Name

HERBERT W. CLARK, SVP

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

2040 N.W. 67TH PLACE

City

GAINESVILLE

FL

Zip Code

32653

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

Herbert W. Clark, SVP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/00

9. Capital Contributions  
as Shown on record.

\$25,000.00

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 # P92000013417  
NAME O'NEIL MANAGEMENT SERVICES, INC.  
STREET ADDRESS 2040 N.W. 67TH PLACE  
CITY - ST - ZIP GAINESVILLE FL 32653

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

000003112130--4  
-01/26/00--01115--004  
\*\*\*313.75 \*\*\*263.75

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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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Herbert W. Clark (HERBERT W. CLARK)

1/14/00

(352) 378-622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #