

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000976**

1. Entity Name

KISSAWAY PLANTATION, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 29 AM 10:02

Principal Place of Business

11657 VILLAGE LANE
JACKSONVILLE FL 32223

Mailing Address

11657 VILLAGE LANE
JACKSONVILLE FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3321805

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORKLE, ALLAN J
11657 VILLAGE LANE
JACKSONVILLE FL 32223

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

\$5,000,000.00

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 # **P95000050786**
NAME **KISSAWAY PLANTATION, INC.**
STREET ADDRESS **11657 VILLAGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

STREET ADDRESS

CITY-ST-ZIP

400003386264--6
-09/08/00--01027--017
******446.25 ****446.25**

DOCUMENT # **P95000050795**
NAME **MALLARD TRACE, INC.**
STREET ADDRESS **11657 VILLAGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

AMENDED BY TRINITY CLINE MAY 4 2000

STREET ADDRESS

CITY-ST-ZIP

400003386264--6
-09/08/00--01027--018
*******88.75 *****88.75**

DOCUMENT # **P95000050795**
NAME **MCCORKLE, HOLLY J**
STREET ADDRESS **11657 VILLAGE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
ALLAN J. MCCORKLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-8-00 **904268**
Date Daytime Phone # **9262**

CR2E003 (5/00)