

# 2000 UNIFORM BUSINESS REPORT (UBR)

L 1186 AF

**DOCUMENT # A95000001051**

1. Entity Name  
**MCCULLERS PROPERTIES, LTD.**

**FILED**  
00 MAY 18 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 6 CREEK VIEW WAY, ORMOND BEACH FL 32174  
Mailing Address: 6 CREEK VIEW WAY, ORMOND BEACH FL 32174-6751

2. Principal Place of Business / Suite, Apt. #, etc.  
3. Mailing Address / Suite, Apt. #, etc.

City & State / Zip / Country

4. FEI Number: **59-3327418**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PALMETTO CHARTER SERVICES, INC.**  
150 MAGNOLIA AVE.  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent  
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: **\$1,098,153.00**  
10. Amount of Capital Contributions in FLORIDA to date: **\$1,190,963.**  
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 #	MCCULLERS, JOHN W	STREET ADDRESS	
NAME	6 CREEK VIEW WAY	CITY - ST - ZIP	
STREET ADDRESS	ORMOND BEACH FL 32174		
CITY - ST - ZIP			
DOCUMENT #	MCCULLERS, NORMA J	STREET ADDRESS	
NAME	6 CREEK VIEW WAY	CITY - ST - ZIP	
STREET ADDRESS	ORMOND BEACH FL 32174		
CITY - ST - ZIP			
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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: John McCullers **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4-28-00** **Date** **Daytime Phone #**

CR2E003 (9/99)