

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011692 AF

DOCUMENT # **A95000001051**

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

**FILED**

Principal Place of Business  
**6 CREEK VIEW WAY  
ORMOND BEACH FL 32174**

Mailing Address  
**6 CREEK VIEW WAY  
ORMOND BEACH FL 32174**

**01 MAY -2 AM 11: 57**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3327418**  
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

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH FL 32114**

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. **\$1,190,963.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCCULLERS, JOHN W  
6 CREEK VIEW WAY  
ORMOND BEACH FL 32174**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MCCULLERS, NORMA J  
6 CREEK VIEW WAY  
ORMOND BEACH FL 32174**

STREET ADDRESS  
CITY-ST-ZIP  
**100004302701--9  
05/23/01 01032 008  
\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
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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

SIGNATURE: *John McCullers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01  
Date

Daytime Phone #

CR2E003 (11/00)