

2002 UNIFORM BUSINESS REPORT (UBR)

0000276 AT

DOCUMENT # A95000001336

1. Entity Name

MCKINNEY FAMILY, LTD.

FILED

02 AUG 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

5457 HANSEL AVE
L-71
ORLANDO FL 32809

P.O. BOX 592337
ORLANDO FL 32859

2. Principal Place of Business

5457 HANSEL AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLA

City & State

4. FEI Number

59-3336909

Applied For

Not Applicable

Zip

Country USA

Zip

Country

32809

ORLANDO

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

MCKINNEY, JOHN F
5457 HANSEL AVE
L-71
ORLANDO FL 32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$833,476.00

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 #	
NAME	MCKINNEY, JOHN F
STREET ADDRESS	5457 HANSEL AVE L-71
CITY-ST-ZIP	ORLANDO FL 32809
DOCUMENT #	
NAME	MCKINNEY, LAURA C
STREET ADDRESS	5457 HANSEL AVE L-71
CITY-ST-ZIP	ORLANDO FL 32809
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: *Signature of John F. McKinney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

407-709-5137
7-29-02
Date Daytime Phone #

CR2E003 (4/02)