

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001792, AF

**DOCUMENT # A95000001567**  
 1. Entity Name  
**LORRAINE Y. WHITING LIMITED PARTNERSHIP**

Principal Place of Business: **502 CEMETERY ROAD GENEVA FL 32732**  
 Mailing Address: **P.O. BOX 155 GENEVA FL 32732**

**FILED**  
 01 MAR 19 AM 7:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number **59-3359679**  
 Applied For / Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITING, LORRAINE Y  
 502 CEMETERY ROAD  
 GENEVA FL 32732**

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

9. Capital Contributions as Shown on record. **\$1,148,000.00**

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 #  
 NAME **WHITING, LORRAINE Y**  
 STREET ADDRESS **502 CEMETERY ROAD**  
 CITY-ST-ZIP **GENEVA FL 32732**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP  
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STREET ADDRESS  
 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: Lorraine Y. Whiting March 12, 2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)