

2001 UNIFORM BUSINESS REPORT (UBR)

0001386 AF

DOCUMENT # **A96000000233**

1. Entity Name

WM. J. SWEETS LIMITED PARTNERSHIP

FILED

01 MAY -1 PM 12:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**143 COMMERCE WAY
SANFORD FL 32771**

Mailing Address

**143 COMMERCE WAY
SANFORD FL 32771**

2. Principal Place of Business

12830 Silverthorn Ct

Suite, Apt. #, etc.

3. Mailing Address

12830 Silverthorn Ct

Suite, Apt. #, etc.

City & State

Bonita Springs FL

Zip

34135

Country

Lee

City & State

Bonita Springs FL

Zip

34135

Country

Lee

4. FEI Number

59-3360226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCORMACK, WILLIAM J
143 COMMERCE WAY
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

McCormack, William J

Street Address (P.O. Box Number is Not Acceptable)

12830 Silverthorn Ct

City

Bonita Springs

FL

Zip Code

34135

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

W. J. McCormack

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

(NOT: Registered Agent signature required when reinstating)

DATE

4/26/01

9. Capital Contributions
as Shown on record.

\$100.00

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

DOCUMENT # **P96000002543**
NAME **MCCORMACK HOLDINGS, INC.**
STREET ADDRESS **143 COMMERCE WAY**
CITY-ST-ZIP **SANFORD FL 32771**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

12830 Silverthorn Ct

CITY-ST-ZIP

Bonita Springs, FL 34135

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

W. J. McCormack
General Partner

4/26/01

941-390-4125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)