

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -3 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf4117



DO NOT WRITE IN THIS SPACE

DOCUMENT # A96000001186

1. Entity Name

MCCUNE FAMILY INVESTMENT COMPANY, LTD.

Principal Place of Business

9148 SOUTHERN BREEZE DR.
ORLANDO FL 32836

Mailing Address

9148 SOUTHERN BREEZE DR.
ORLANDO FL 32836-5052

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0679767

Applied For

Not Applicable

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

MCCUNE, EDWARD J

422 WATER ST

CELEBRATION FL 34747

Name

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

9148 Southern Breeze Drive

City Orlando

FL

Zip Code 32836

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)

3-27-00

DATE

9. Capital Contributions
as Shown on record.

\$1,683,000.00

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

STREET ADDRESS

CITY - ST - ZIP

P96000053385

MCCUNE, INC.

422 WATER ST

CELEBRATION FL 34747

STREET ADDRESS

CITY - ST - ZIP

9148 Southern Breeze Drive

Orlando, FL 32836

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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 REQUIRED Andrea McCune

3-27-00 370-4386

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)