

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001257

1. Entity Name

CEMAC INTERNATIONAL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 14 PM 4:57

Principal Place of Business

Mailing Address

1790 HAMMOCK DR.
AMELIA ISLAND FL 32034

1790 HAMMOCK DR.
AMELIA ISLAND FL 32034-5609

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 65-0713137

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

MELTZER, C. CURTIS
1790 HAMMOCK DR.
AMELIA ISLAND FL 32034

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.

\$1,500,000.00

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 # P96000055885
NAME CEMAC INTERNATIONAL, INC.
STREET ADDRESS 1790 HAMMOCK DR.
CITY - ST - ZIP AMELIA ISLAND FL 32034

STREET ADDRESS

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: C. CURTIS MELTZER **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11 JAN 00 (904) 320-2487

Date

Daytime Phone #