

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001340**

1. Entity Name

D. JOAN MCWILLIAMS FAMILY LIMITED PARTNERSHIP

FILED

00 FEB -7 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
517 N. HARBOR CITY BLVD #B
MELBOURNE FL 32935

Mailing Address
517 N. HARBOR CITY BLVD #B
MELBOURNE FL 32935-6837



DO NOT WRITE IN THIS SPACE

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 **59-3392450**

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

MCWILLIAMS, D. JOAN
517 HARBOR CITY BLVD #B
MELBOURNE FL 32935

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.

\$350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

164,410

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
**MCWILLIAMS, D. JOAN
517 N. HARBOR CITY BLVD #B
MELBOURNE FL 32935**

STREET ADDRESS

CITY - ST - ZIP

300003128363--0
-02/08/00--01125--021

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**MCWILLIAMS, DAVID T
517 N. HARBOR CITY BLVD #B
MELBOURNE FL 32935**

STREET ADDRESS

CITY - ST - ZIP

******526.25 ****526.25**

DOCUMENT #
NAME
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CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/00

Date

321-255-5156

Daytime Phone #