

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

10/2

0001620 AT

DOCUMENT # A970000000011

1. Entity Name  
THE MCCOMB FAMILY LIMITED PARTNERSHIP



FILED

2004 MAY 10 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1124 NORTHLAKE SHORE DRIVE  
SARASOTA FL 34231

Mailing Address  
1124 NORTHLAKE SHORE DRIVE  
SARASOTA FL 34231

**REINSTATEMENT** 2003-2004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

4. FEI Number **65-0821038**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MCCOMB, WILLIAM E  
1124 NORTHLAKE SHORE DRIVE  
SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE **9/27/03**

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

9. Capital Contributions  
as Shown on record. **\$168,675.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 MCCOMB, WILLIAM E  
STREET ADDRESS 2828 TAMiami TRAIL SOUTH  
CITY-ST-ZIP SARASOTA FL 34239

STREET ADDRESS  
CITY-ST-ZIP **800023609828**  
**05/11/04--01033--008 \*\*526.25**

DOCUMENT #  
NAME MCCOMB, ELEANOR P  
STREET ADDRESS 2828 TAMiami TRAIL SOUTH  
CITY-ST-ZIP SARASOTA FL 34239

STREET ADDRESS  
CITY-ST-ZIP **800023609828**  
**10/07/03--01024--014 \*\*526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE **9/27/03** DAYTIME PHONE # **941 957 0200**

CF2E003 (4/03)

202

Mc Comb Family Limited Partnership  
2828 Tamiami Trail  
Sarasota, FL 34239  
(941) 957-0200

02/20/04

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom This May Concern:

RE: Uniform Business 2003 Report

Document# A97000000011 The Mc Comb Family Limited Partnership

The Uniform Business Reports 2003 were not received at our address. Possibly it was delivered to the wrong address. If you check our prior history we have always sent these in on time. A check was sent in with this report for \$526.25 which you are in receipt of. William Mc Comb had sent in a letter and had never heard anything until we received this letter. Please accept this with the normal timely filing due to us never receiving those original reports.

Thank You,

William E. Mc Comb  
Owner