2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700000130 1. Entity Name WILMA MCEWAN FAMILY LIMITED PARTNERSHIP						SECRET DIVISION D	FILED ARY OF STAT	·r·	
Principal Place of Business Mailing Address 108 EAST CENTRAL BOULEVARD 2035 COUNTRY SIDE CIRCL ORLANDO FL 32801 ORLANDO FL 32804-6943				ИТН		DIVISION OF CORPORATIONS OO APR 25 AM 3: 05			
2. Principal Pl	ace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State	9,,	City & State				4. FEI Number	59-3428480		Applied For Not Applicable
Zip	Country	Zip	Country			5. Certificate of	Status Desired		5 Additional lequired
	6. Name and Address of Currer	nt Registered Agent				7. Name and Ad	dress of New Re	gistered Agent	
				Name					
MCEWAN, JOHN S II 108 EAST CENTRAL BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801									- C
				City		FL Zip Code			
9. Capital Contributions as Shown on record. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref. 19. Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the				butions	REGISTI	ERED AND AC	TIVE WITH THIS	E SIDE FOR FEE OFFICE.	
12.		ER INFORMATION	13.				ADDRESS CHA		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MCEWAN, WILMA 2035 COUNTRY SIDE CIRCLE ORLANDO FL 32804	SOUTH		EET ADDRESS /- ST - ZIP		-00	00032 -05/19/(5974 0001014	1016
DOCUMENT # NAME STREET ADDRESS	MCEWAN, JOHN S II 1905 BISCAYNE DRIVE		STR	EET ADDRESS			TYYYOZ:		T320.23
CITY-ST-ZIP	001 11/00 Et 0000		_ CITY	'-ST-ZIP			.*	-	, was a series of
DOCUMENT# NAME STREET ADORESS	TRIBLE, JEANNE MCEWAN 6057 CHARTER CROSSING			EET ADDRESS /-St-ZIP	13	13028 MASTER'S COURT ASHLAND, VA. 23005			
OCUMENT#	MECHANICSVILLE VA 23111				AS.	hLANd.	VA. 2	3003	
NAME Street address City-St-Zip	,			EET ADDRESS 7-ST-ZIP					
DOCUMENT #			STR	EET ADDRESS					
STREET ADDRESS	· ·		CITY	∕-ST-ZIP				,	
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STREET ADDRESS CITY - ST - ZIP			СПУ	'-ST-ZIP					
indicated	ertify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	nd that my signature shall ha	ave the sam	e legal effec	ct as if ma	ction 119.07(3)(i), I ade under oath; th	Florida Statutes. I f lat I am a General	further certify that Partner of the lin	at the information nited partnership or