

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001965**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP -8 AM 10:02

MCUGAN FAMILY LIMITED PARTNERSHIP

Place of Business Mailing Address
ROAD 91 LIGHTHOUSE ROAD
FL 33469 JUPITER FL 33469



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

MCUGAN, JAMES
91 LIGHTHOUSE ROAD
JUPITER FL 33469

7. Name and Address of New Registered Agent

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	\$100.00	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	
STREET ADDRESS	MCUGAN, JAMES	CITY-ST-ZIP	200003392002--4
CITY-ST-ZIP	91 LIGHTHOUSE		09/13/00-01085-008
	JUPITER FL 33469		***550.00 ***550.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **JAMES F. MCGUGAN** **8/4/00** **(561) 3094748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)