

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002921

1. Entity Name

MCKEE FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -7 PM 2:17

Principal Place of Business

2399 GULF OF MEXICO DRIVE, #3A3
LONGBOAT KEY FL 34228

Mailing Address

2399 GULF OF MEXICO DRIVE, #3A3
LONGBOAT KEY FL 34228-3276

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0812297

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

DARNELL, ROBERT W
2033 MAIN STREET, SUITE 406
SARASOTA FL 34237

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.

\$13,676,958.00

10. Amount of Capital Contributions in FLORIDA to date.

\$55,541,128.00

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 # P97000108796
NAME M.B. MCKEE COMPANY
STREET ADDRESS 1145 GULF OF MEXICO DRIVE, #103
CITY - ST - ZIP LONGBOAT KEY FL 34228

STREET ADDRESS 2399 Gulf of Mexico Drive, #3A3
CITY - ST - ZIP Longboat Key, FL 34228

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS

STREET ADDRESS
CITY - ST - ZIP

I 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 stated 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 owner 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

4/12/00

Date

941-383-3977

Daytime Phone #