

2000 UNIFORM BUSINESS REPORT (UBR)

0001822 AF

DOCUMENT # A97000002948

1. Entity Name
MCCRARY FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 PM 3:26

Principal Place of Business
1395 BUCKSAW PLACE
LONGWOOD FL 32750

Mailing Address
1395 BUCKSAW PLACE
LONGWOOD FL 32750-3064



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3489261		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCCRARY, LOUIS H 1395 BUCKSAW PLACE LONGWOOD FL 32750				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,291,938.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	MCCRARY, LOUISE H 1395 BUCKSAW PLACE LONGWOOD FL 32750	STREET ADDRESS	
NAME		CITY - ST - ZIP	200003103982--7
CITY - ST - ZIP			-01/20/00--01030--010
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY - ST - ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *LOUISE H MCCRARY* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **LOUISE H MCCRARY** 1/10/00 Date Daytime Phone #

CR2E003 (9/99)