# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001409

1. Entity Name

THE MAX & PEARL A. MARCO FAMILY LIMITED PARTNERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 1:29

| Principal Place of Business | Mailing Address |
|---|---|
| 4000 ISLAND BOULEVARD<br>WILLIAMS ISLAND FL 33160 | 4000 ISLAND BOULEVARD<br>WILLIAMS ISLAND FL 33160-5203 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4000 ISLAND BOULEVARD | 4000 ISLAND BOULEVARD |
| Suite, Apt. #, etc.<br>APT. # 2802 | Suite, Apt. #, etc.<br>APT. # 2802 |
| City & State<br>WILLIAMS ISLAND FL | City & State<br>WILLIAMS ISLAND FL |
| Zip / Country<br>33160 / USA | Zip / Country<br>33160 / USA |

4. FEI Number 58-2397859 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 9. Capital Contributions as Shown on record | 10. Amount of Capital Contributions in FLORIDA to date | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $500,000.00 | NONE | |

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MARCO, MAX<br>4000 ISLAND BOULEVARD<br>WILLIAMS ISLAND FL 33160 | STREET ADDRESS<br>CITY-ST-ZIP | 4000 ISLAND BOULEVARD Apt#2802<br>WILLIAMS ISLAND FL 33160 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MARCO, PEARL ANNE<br>4000 ISLAND BOULEVARD<br>WILLIAMS ISLAND FL 33160 | STREET ADDRESS<br>CITY-ST-ZIP | 4000 ISLAND BOULEVARD Apt# 2802<br>Williams ISLAND FL. 33160 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | 000003317380--8<br>-07/10/00--01023--011<br>****141.25 ****141.25 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | STREET ADDRESS<br>CITY-ST-ZIP | |

CR2E003 (9/99)

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:** X SIGNATURE REQUIRED Max Marco 6/1/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #