

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002017**

1. Entity Name

**THE MACNAB LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DO JUN -7 PM 1:33

Principal Place of Business

**4187 KIRKALDY DRIVE  
PALM HARBOR FL 34685**

Mailing Address

**4187 KIRKALDY DRIVE  
PALM HARBOR FL 34685-1058**



2. Principal Place of Business

**1505 EAGLE NEST CIRCLE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER SPRINGS**

City & State

**WINTER SPRINGS**

Zip

**32708**

Country

**FLORIDA**

Zip

**32708**

Country

**FLORIDA**

4. FEI Number

**59-3526583**  
**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MACAIONE, DOMENIC  
4187 KIRKALDY DRIVE  
PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

**1505 EAGLE NEST CIRCLE**

City **WINTER SPRINGS**

**FL**

Zip Code **32708**

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

**25 APRIL 2000**

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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

DOCUMENT #  
NAME **MACAIONE, DOMENIC A**  
STREET ADDRESS **4187 KIRKALDY DRIVE**  
CITY - ST - ZIP **PALM HARBOR FL 34685**

DOCUMENT #  
NAME **MACAIONE, LORRAINE S**  
STREET ADDRESS **4187 KIRKALDY DRIVE**  
CITY - ST - ZIP **PALM HARBOR FL 34685**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1505 EAGLE NEST CIRCLE**  
CITY - ST - ZIP **WINTER SPRINGS, FL 32708**

STREET ADDRESS **1505 EAGLE NEST CIRCLE**  
CITY - ST - ZIP **WINTER SPRINGS, FL 32708**

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS **500003297935--8**  
CITY - ST - ZIP **-06/20/00--01083--001**  
**\*\*\*\*150.00 \*\*\*\*150.00**

STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**DOMENIC A. MACAIONE**

**25 APRIL 2000 407 977 7821**

Date

Daytime Phone #