

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

4. FEI Number

59-3526583
APPLIED FOR

Applied For

Not Applicable

Zip

32708

Country

FLORIDA

Zip

Country

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]
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

13. ADDRESS CHANGES ONLY

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

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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]* **DOMENIC A. MACAIONE** 25 APRIL 2000 4079777821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #