

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002236**

1. Entity Name

MEGAHEE ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 3:00

Principal Place of Business

9308 S.W. 43RD LANE
GAINESVILLE FL 32608

Mailing Address

9308 S.W. 43RD LANE
GAINESVILLE FL 32608-4170



2. Principal Place of Business

2632 NW 43rd St

3. Mailing Address

2632 NW 43rd St

Suite, Apt. #, etc.

94

Suite, Apt. #, etc.

94

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

57-3550239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOAN M
9308 S.W. 43RD LANE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

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.

\$5,039,333.00

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 # P98000083295
NAME MEGAHEE
STREET ADDRESS MEGAHEE ENTERPRISES G.P., INC.
CITY - ST - ZIP 9308 S.W. 43RD LANE
GAINESVILLE FL 32608

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

3000003230262--7
-04/28/00--01114--010
****526.25 ****526.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #