

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199000002389

1. Entity Name

MR GOLF PROFESSIONAL LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 AM 10:16

Principal Place of Business

Mailing Address

5709 CLIMBING ROSE WAY
SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

5709 CLIMBING ROSE WAY
Suite, Apt. #, etc.

5709 CLIMBING ROSE WAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SANFORD, FL

City & State
SANFORD, FL

4. FEI Number
59-3534871

Applied For
Not Applicable

Zip
32771

Country
SEMINOLE

Zip
32771

Country
SEMINOLE

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

MICKEY C. RUDD, SR.
5709 CLIMBING ROSE WAY
SANFORD, FL 32771

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. 15,000.00

10. Amount of Capital Contributions in FLORIDA to date. 6,750.00

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 MICKEY C. RUDD, SR.
STREET ADDRESS 5709 CLIMBING ROSE WAY
CITY-ST-ZIP SANFORD, FL 32771

STREET ADDRESS 000003148020--5
CITY-ST-ZIP 02/25/00 01086-008
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS my 2/24/00
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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:

Mickey C. Rudd Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/00
Date

407-322-9553
Daytime Phone #

CR2E003 (9/99)