

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002600**

1. Entity Name

UNITED MORTGAGE & ASSOCIATES, LTD.

FILED

00 JAN 27 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1107 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

Mailing Address
P.O. BOX 1057
OCALA FL 34478-1057

2. Principal Place of Business 3. Mailing Address

1107 East Silver Springs Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite #8

City & State City & State

Ocala FL

Zip Country Zip Country

34470 U.S.A.

4. FEI Number 59-3543526 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

ANDREWS, LAN
1107 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

Name Andrews, LAN
Street Address (P.O. Box Number is Not Acceptable)
1107 E. Silver Springs Blvd.
Suite #8
City Ocala FL Zip Code 34470

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. \$100,000.00 10. Amount of Capital Contributions in FLORIDA to date. 70,000 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 #	P98000093720	STREET ADDRESS	
NAME	UNITED GENERAL & ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	1107 EAST SILVER SPRINGS BLVD.		
CITY - ST - ZIP	OCALA FL 34470		
DOCUMENT #		STREET ADDRESS	100003118591--0
NAME		CITY - ST - ZIP	-02/01/00--01073--017
STREET ADDRESS			****526.25 ****526.25
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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 (Typed Name) 1-27-00 352-867-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)