


# 2001 UNIFORM BUSINESS REPORT (UBR)

0012286 AF

<b>DOCUMENT # A98000002600</b> 1. Entity Name <b>UNITED MORTGAGE &amp; ASSOCIATES, LTD.</b>						<b>FILED</b> 01 JAN 29 AM 11:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>1107 EAST SILVER SPRINGS BLVD., SUITE 8 OCALA FL 34470</b>			Mailing Address <b>P.O. BOX 1057 OCALA FL 34478</b>			DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-3543526</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  <b>ANDREWS, LAN 1107 EAST SILVER SPRINGS BLVD., SUITE 8 OCALA FL 34470</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. <b>\$100,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>0</b>		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # <b>P98000093720</b> NAME <b>UNITED GENERAL &amp; ASSOCIATES, INC.</b> STREET ADDRESS <b>1107 EAST SILVER SPRINGS BLVD.</b> CITY-ST-ZIP <b>OCALA FL 34470</b>				STREET ADDRESS CITY-ST-ZIP <b>700003630837--0 -02/02/01--01087--018</b>			
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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							
<b>SIGNATURE: <u>LAN ANDREWS</u> 1-18-01</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

CR2E003 (11/00)