

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016144 AT

DOCUMENT # A98000002600

1. Entity Name  
UNITED MORTGAGE & ASSOCIATES, LTD.



FILED

03 JAN -8 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE



Principal Place of Business  
1107 EAST SILVER SPRINGS BLVD., SUITE 8  
OCALA FL 34470

Mailing Address  
P.O. BOX 1057  
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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., SUITE 8  
OCALA FL 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 100,000

11. MAKE CHECK PAYABLE TO FL. 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  
NAME UNITED GENERAL & ASSOCIATES, INC.  
STREET ADDRESS 1107 EAST SILVER SPRINGS BLVD.  
CITY-ST-ZIP Ocala FL 34470

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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M THOMAS

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CR2E003 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-4-03

Date

Daytime Phone #

352-869-1425