

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002807**

1. Entity Name

MCGUIRE PROPERTIES, LTD.

Principal Place of Business

**1748 BOWMAN STREET
CLERMONT FL 34711**

Mailing Address

**1748 BOWMAN STREET
CLERMONT FL 34711**

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, 2002

4. FEI Number

59-3554209

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

**MCGUIRE, LOIS B
5812 LAKE CATHERINE ROAD
GROVELAND FL 34736**

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.

DATE

9. Capital Contributions as Shown on record.

\$4,000,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000105482**
NAME **MCGUIRE PROPERTY MANAGEMENT, INC.**
STREET ADDRESS **1748 BOWMAN ST.**
CITY-ST-ZIP **CLERMONT FL 34711**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005327542--4

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-04/23/02--01070--017
*****526.25 *****526.25**

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STREET ADDRESS

CITY-ST-ZIP

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**-04/23/02--01070--018
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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:

Lois B. McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-08-2002

(352)
429-3514

Date Daytime Phone #

0016151 AT

CR2E003 (9/01)



APPROVED
AND
FILED
02 APR 17 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA