

2001 UNIFORM BUSINESS REPORT (UBR)

0011482 AF

DOCUMENT # **A990000000064**

1. Entity Name

MCCARTHY FAMILY LIMITED PARTNERSHIP

FILED

01 APR 23 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

109 NORTH 3RD STREET
FERNANDINA BEACH FL 32304

Mailing Address

109 NORTH 3RD STREET
FERNANDINA BEACH FL 32304

2. Principal Place of Business

P.O. Box 1006

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1006

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Fernandina Beach, FL

Zip

32035-1006

Country

USA

Zip

32035-1006

Country

4. FEI Number

59-3554056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, BRIAN K
109 NORTH 3RD STREET
FERNANDINA BEACH FL 32304

7. Name and Address of New Registered Agent

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.

\$1,000.00

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

DOCUMENT # **P99000003298**
NAME **MFLP, INC.**
STREET ADDRESS **109 NORTH 3RD STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32304**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/01

Date

904-277-1557

Daytime Phone #

CR2E003 (11/00)