

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016128 AT

DOCUMENT # A99000000389



1. Entity Name  
THOMAS MONTGOMERY REAL ESTATE LIMITED PARTNERSHIP

FILED  
03 JUN -2 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4810 S.W. 60TH AVE.  
OCALA FL 34474

Mailing Address  
P.O. BOX 770129  
OCALA FL 34477

2. Principal Place of Business

3. Mailing Address

PO Box 420

PO Box 420

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

Orange Lake, FL

Orange Lake, FL

Zip

Country

Zip

Country

32681

USA

32681

USA

4. FEI Number 58-6388804

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

RAY, BECKY THOMAS  
4810 S.W. 60TH AVENUE  
OCALA FL 34474

Name

Becky Thomas Ray

Street Address (P.O. Box Number is Not Acceptable)

6800 NW 193 Street

City

Orange Lake

FL

Zip Code

32681

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.

\$145,892.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #  
NAME MONTGOMERY, BECKY THOMAS TRUSTEE  
STREET ADDRESS 4810 S.W. 60TH AVENUE  
CITY-ST-ZIP Ocala FL 34474

STREET ADDRESS PO Box 420  
CITY-ST-ZIP Orange Lake, FL 32681

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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

Date

Daytime Phone #

352-591-5621

CR2E003 (10/02)