

2001 UNIFORM BUSINESS REPORT (UBR)

0020165 AB

DOCUMENT # A99000000390
 1. Entity Name
BECKY THOMAS MONTGOMERY LIMITED PARTNERSHIP

FILED

01 JUN -5 PM 12:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9648 KINGSTON PIKE, SUITE 8 **9648 KINGSTON PIKE, SUITE 8**
KNOXVILLE TN 37922 **KNOXVILLE TN 37922**

2. Principal Place of Business 3. Mailing Address
4810 SW 60th Ave **PO Box 770129**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ocala, FL **Ocala, FL**

Zip Country Zip Country
34474 **USA** **34477** **USA**

4. FEI Number Applied For
58-2459572 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MONTGOMERY, BECKY THOMAS
4810 S.W. 60TH AVENUE
OCALA FL 34474

7. Name and Address of New Registered Agent
 Name **Becky B Thomas**
 Street Address (P.O. Box Number is Not Acceptable)
4810 SW 60 Ave
 City **Ocala** **FL** Zip Code **34477**

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 *Becky B Thomas* **Becky B Thomas** **4-26-01**
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. \$1,028,755.00

10. Amount of Capital Contributions in FLORIDA to date. 500,000.00

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004420493--8
CITY-ST-ZIP	-06/14/01--01098--016
	***526.25 ***526.25
STREET ADDRESS	
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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: *Becky B Thomas* **Becky B Thomas** **4-26-01** **(352) 237-4011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)