

2002 UNIFORM BUSINESS REPORT (UBR)

0015842 AT

DOCUMENT # **A99000000687**

1. Entity Name

THOMCAT REAL ESTATE LIMITED PARTNERSHIP

FILED

02 MAY -6 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**9648 KINGSTON PIKE, SUITE 5
KNOXVILLE TN 37922**

Mailing Address
**P.O. BOX 770129
OCALA FL 34477-0129**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

58-2469988

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

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

Name **Becky Thomas Ray**
Street Address (P.O. Box Number is Not Acceptable)
4810 SW 60 Avenue
City **Ocala** FL Zip Code **34474**

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.

\$872,207.00

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

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E003 (9/01)

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 #

Becky Thomas Ray 4/30/02 358/837-4611