

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000774**

1. Entity Name

MUNDELL INVESTMENTS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

400 MAGNOLIA LAKE DRIVE

LONGWOOD FL 32779

Mailing Address

400 MAGNOLIA LAKE DRIVE

LONGWOOD FL 32118-6048

2. Principal Place of Business

Unit 1707

Suite, Apt. #, etc.

DAYTONA BCH.

City & State

FL

Zip

32118

Country

3. Mailing Address

2937 S. ATLANTIC AVE

Suite, Apt. #, etc.

#1707

City & State

DAYTONA BCH. FL

Zip

32118

Country

4. FEI Number

59-3581752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNDELL, JOHN C

400 MAGNOLIA LAKE DRIVE

LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

MUNDELL, JOHN C. SR.

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

2937 S. ATLANTIC AVE.

#1707-06

City

DAYTONA BCH

FL

Zip Code

32118

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.

\$3,000,000.00

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

DOCUMENT # P99000043348
NAME MUNDELL MANAGEMENT, INC.
STREET ADDRESS 2937 S. ATLANTIC AVE.
CITY-ST-ZIP 400 MAGNOLIA LAKE DRIVE #1707
LONGWOOD FL 32779 DAYTONA BCH. FL 32118

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

5000032500005--5
-05/12/00--01027--010
***535.00 ***535.00

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

X John C. Mundell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-7-99 904-788-9976