

2001 UNIFORM BUSINESS REPORT (UBR)

001144 AF

DOCUMENT # **A99000000845**

1. Entity Name

MOORE-HICKS LIMITED PARTNERSHIP

FILED

01 MAR -1 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

ATTN: ALAN MOORE

800 BROADWAY

LONGBOAT KEY FL 34228-1059

Mailing Address

P.O. BOX 1081

LONGBOAT KEY FL 34228

2. Principal Place of Business

3. Mailing Address

P.O. Box 219

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longboat Key, Fl.

Zip

Country

Zip

34228

Country

USA

4. FEI Number

65-0919789

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, ALAN

800 BROADWAY

LONGBOAT KEY FL 34228-1059

Name

Hicks, Lynda D.

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

800 Broadway

City

Longboat Key,

FL

Zip Code

34228

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

Lynda D. Hicks Secretary / Treasurer 01/21/01

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.

3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

765,067.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	MOORE, ALAN
NAME	800 BROADWAY
STREET ADDRESS	LONGBOAT KEY FL 34228-1059
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	300003802153-8
STREET ADDRESS	03/06/01-01065-002
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/21/01

Date

941-383-1748

Daytime Phone #

CR2E003 (11/00)