

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # A99000000895

1. Entity Name

MOSES WHITE LIMITED PARTNERSHIP

FILED

01 JUL -9 AM 8:47

Principal Place of Business
2628 5TH AVENUE NORTH
ST. PETERSBURG FL 33713

Mailing Address
2628 5TH AVENUE NORTH
ST. PETERSBURG FL 33713

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number 59-3666580

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIBLEY, RUSSELL JR
2628 5TH AVENUE NORTH
ST. PETERSBURG FL 33713

Name

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

City

FL

Zip Code

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.

\$101.00

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 # P98000046716
NAME GMNE LAKE WALES, INC.
STREET ADDRESS 2628 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

STREET ADDRESS

CITY-ST-ZIP

700004484137--0
-07/18/01--01029--023

DOCUMENT # P01000011052
NAME CDCT DIANA, INC.
STREET ADDRESS 1920 E. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL 33610

STREET ADDRESS

CITY-ST-ZIP

****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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:

RUSSELL SIBLEY, JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/2/01 727-327-2556
Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)