

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

000825  
AT

DOCUMENT # **A99000000949**

1. Entity Name

**MICHAEL AND MARTHA MCCORMICK LIMITED PARTNERSHIP**

02 APR 30 PM 6:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**213 COVE TERRACE DRIVE  
PANAMA CITY FL 32401**

Mailing Address

**213 COVE TERRACE DRIVE  
PANAMA CITY FL 32401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

**59-3580225**

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

**HARE, DIANE C  
3003 S. HIGHWAY 77, STE A  
LYNN HAVEN FL 32444**

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.

DATE

9. Capital Contributions as Shown on record.

**\$176,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
<b>P99000048994</b>	<b>MCBONES INC</b>	<b>213 COVE TERRACE DRIVE</b>	<b>PANAMA CITY FL</b>

STREET ADDRESS	CITY-ST-ZIP

**480005501304 7**  
**-05/10/02--01001--004**  
**\*\*\*\*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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Michael McCormick* 4-29-02 850-769-8123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)