

2002 UNIFORM BUSINESS REPORT (UBR)

0015739 AT

DOCUMENT # **A99000002210**

1. Entity Name

MOODY FAMILY LIMITED PARTNERSHIP

FILED

02 JUN 14 AM 9:10

Principal Place of Business

**9786 NE 17TH PATH
WILDWOOD FL 34785**

Mailing Address

**P.O. BOX 2895
BELLEVIEW FL 34421-1450**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1349759

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

**MOODY, HOWARD
416 CYPRESS ROAD
OCALA FL 34472**

Name

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

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-06/21/02--01078--004

City

*****525.00 FL Zip Code ***525.00**

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.

\$2,500,000.00

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 # **P99000108618**
NAME **MOODY G.P., INC.**
STREET ADDRESS **9786 NE 17TH PATH**
CITY-ST-ZIP **WILDWOOD FL 34785**

STREET ADDRESS

P.O. Box 2895

CITY-ST-ZIP

Belleview, FL 34421

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

436.25-Lp

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

88.75-Adm

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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*******8.75 *****8.75**

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

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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

CO-TRUSTEE

5/15/02

Date Daytime Phone #

CR2E003 (9/01)