

2000 UNIFORM BUSINESS REPORT (UBR)

K01364 AF

DOCUMENT # L96000000763

1. Entity Name
MCWILLIAMS PARTNERS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business
517-B N HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address
517-B N HARBOR CITY BLVD.
MELBOURNE FL 32935-6837



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3392452

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCWILLIAMS, DAVID T
517-B N HARBOR CITY BLVD.
MELBOURNE FL 32935

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME D. JOAN MCWILLIAMS FAMILY L.P.
STREET ADDRESS 517-B N HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003131245--2
-02/10/00--01078--016
*****50.00 *****50.00

TITLE MGRM
NAME DAVID T. MCWILLIAMS FAMILY L.P.
STREET ADDRESS 517-B N HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32935

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CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/2/00

Date

321-255-5156

Daytime Phone #

CR2E083 (9/99)