

# 2000 UNIFORM BUSINESS REPORT (UBR)

00023036 AF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43



DO NOT WRITE IN THIS SPACE

**DOCUMENT # A30521**

1. Entity Name  
**SCHRIMSHER LAND FUND VII, LTD.**

Principal Place of Business  
**600 EAST COLONIAL DR.  
STE. 100  
ORLANDO FL 32803**

Mailing Address  
**600 EAST COLONIAL DR.  
STE. 100  
ORLANDO FL 32803-4647**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

6. Name and Address of Current Registered Agent  
**SCHRIMSHER, J. STEVEN  
600 EAST COLONIAL DR.  
#100  
ORLANDO FL 32803**

4. FEI Number **59-3023515** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$1,700,100.00**

10. Amount of Capital Contributions in FLORIDA to date: **1,700,100.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P9800004654 JSS OF ORLANDO, INC. 600 E COLONIAL DR., #100 ORLANDO FL</b>	STREET ADDRESS CITY - ST - ZIP	
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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:** **REQUIRED** Steven Schrimsher Date **4/10/00** Daytime Phone # **(407) 423-7600**

CR2E003 (9/99)