

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008186 AT

DOCUMENT # **A30521** ✓

1. Entity Name

**SCHRIMSHER LAND FUND VII, LTD.** ✓

FILED

2002 FEB 26 AM 10:23

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Principal Place of Business

**600 EAST COLONIAL DR.** ✓  
**STE. 100**  
**ORLANDO FL 32803**

Mailing Address

**600 EAST COLONIAL DR.** ✓  
**STE. 100**  
**ORLANDO FL 32803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**59-3023515** ✓

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

**SCHRIMSHER, J. STEVEN** ✓  
**600 EAST COLONIAL DR.**  
**#100**  
**ORLANDO FL 32803**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.

**\$1,700,100.00** ✓

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 # **P9800004654** ✓  
NAME **JSS OF ORLANDO, INC.**  
STREET ADDRESS **600 E COLONIAL DR., #100**  
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS

CITY-ST-ZIP

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*SL*

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]* **Steven Schrimsher 2/20/02 (407) 423-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)