


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014408 AT

<b>DOCUMENT # A93000001437</b> 1. Entity Name <b>SCHICK FAMILY LIMITED PARTNERSHIP</b>	
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FILED

03 MAY -2 PM 7:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 7791 BENT GRASS COURT LARGO FL 33777-4907	Mailing Address 7791 BENT GRASS COURT LARGO FL 33777-4907
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3216266</b>	
City & State	City & State	Applied For Not Applicable	
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SIMMONS, SHERWIN P C/O TRENAM, SIMMONS, KEMKER, ET AL. 101 EAST KENNEDY BLVD., SUITE 2700 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. <b>\$587,925.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	G93362900019	STREET ADDRESS	
NAME	ALICE EDITH SCHICK REVOCABLE TRUST	CITY-ST-ZIP	
STREET ADDRESS	7791 BENT GRASS COURT		<b>400017877004</b>
CITY-ST-ZIP	LARGO FL 33777-4907		05/02/03--01050--026 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: x** Alice E Schick (ALICE E SCHICK) 3/11/03 727-393-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)