

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001372**

1. Entity Name

**TOURTELOT PROPERTIES LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 12:06



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JACK F. TOURTELOT 516 - 55TH AVENUE ST. PETERSBURG BEACH FL 33706	Mailing Address C/O JACK F. TOURTELOT 516 - 55TH AVENUE ST. PETERSBURG BEACH FL 33706-2313
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3264314**      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

**TOURTELOT, JACK F**  
**516 - 55TH AVENUE**  
**ST. PETERSBURG BEACH FL 33706**

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

9. Capital Contributions as Shown on record. **\$468,783.00**      10. Amount of Capital Contributions in FLORIDA to date. **\$468,783.00**      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>G94280900055</b> <b>TOURTELOT PARTNERSHIP</b> <b>516 - 55TH AVENUE</b> <b>ST. PETERSBURG BEACH FL 33706</b>	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	<b>900003269149--6</b>
		CITY - ST - ZIP	<b>-05/26/00--01106--018</b>
		STREET ADDRESS	<b>*****526.25 *****526.25</b>
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date **4/26/00**      Daytime Phone #