

2000 UNIFORM BUSINESS REPORT (UBR)

0000713 JV

DOCUMENT # A98000000572

1. Entity Name
SEVER FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617	Mailing Address 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617-4242
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3501818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEVER, RAYMOND J
1012 NORTH RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

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. \$700,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$700,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000011637 SEVER ENTERPRISES, INC. 1012 NORTH RIVERHILLS DRIVE TEMPLE TERRACE FL 33617	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	500003292435-4 -06/15/00-01126-008 ***526.25 ***526.25
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CR 2E003 (8/11)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: RAYMOND SEVER **SIGNATURE REQUIRED** Date: **4-21-00** Daytime Phone #: **(813) 955-2990**