

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001320**

1. Entity Name

402 JEFFORDS STREET LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB - 1 AM 10: 34

Principal Place of Business 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756	Mailing Address 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756-5856
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DO NOT WRITE IN THIS SPACE

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 **59-3591634** | Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

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. **\$130,000.00** | 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 # NAME STREET ADDRESS CITY - ST - ZIP	ABDO, RICHARD M.D. 1011 JEFFORDS STREET, SUITE C CLEARWATER FL 33756	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	HUGHES, W. ALLEN M.D. 1305 SOUTH FT. HARRISON AVENUE CLEARWATER FL 33756	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SCHWAB, THOMAS O M.D. 1528 LAKEVIEW ROAD CLEARWATER FL 33756	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	MOSKOVITZ, GARY M.D. 1528 LAKEVIEW ROAD CLEARWATER FL 33756	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	PIAZZA, MICHAEL M.D. 1011 JEFFORDS STREET, SUITE C CLEARWATER FL 33756	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ROTHBERG, MICHAEL M.D. 1528 LAKEVIEW ROAD CLEARWATER FL 33756	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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** 1/25/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____