

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0000000J0181

1. Entity Name

STB CAPITAL, LTD.

FILED

01 AUG 24 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

RAJH

Principal Place of Business  
2502 W. SIMMS BLVD.  
TAMPA FL 33609

Mailing Address  
2502 W. SIMMS BLVD.  
TAMPA FL 33609

2. Principal Place of Business  
777 S. Harbour Island Blvd.  
Suite 765

3. Mailing Address  
777 S. Harbour Island Blvd.  
Suite 765

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-3619270

Applied For  
Not Applicable

Zip  
33602

Country  
Hillsborough

Zip  
33602

Country  
Hillsborough

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

HENDEE, BRETT ESQ  
100 S. ASHLEY DRIVE  
SUITE 1770  
TAMPA FL 33602

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. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$405,900.00 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 # L00000000848  
NAME STB-MANAGEMENT, LLC Guide Capital, LLC  
STREET ADDRESS 2502 W. SIMMS BLVD. (name change)  
CITY-ST-ZIP TAMPA FL 33609

STREET ADDRESS 777 S. Harbour Island Blvd, Ste 765  
CITY-ST-ZIP Tampa, FL 33602

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #