

# 2001 UNIFORM BUSINESS REPORT (UBR)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A00000000421**

1. Entity Name  
**H. S. SEKHON LIMITED PARTNERSHIP**

Principal Place of Business: **3568 LANDMARK TRAIL, PALM HARBOR FL 34684**  
 Mailing Address: **3568 LANDMARK TRAIL, PALM HARBOR FL 34684**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY SEPTEMBER 26, 2001**

4. FEI Number: **59-3640160**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**O'CONNOR, PATRICK M ESQ.  
 2240 BELLEAIR ROAD, SUITE 160  
 CLEARWATER FL 33764**

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: NIA  
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: **\$500,000.00**  
 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	
DOCUMENT #	H.S. SEKHON, L.C.
NAME	3568 LANDMARK TRAIL
STREET ADDRESS	PALM HARBOR FL 34684
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: J. S. Sekhon **SIGNATURE REQUIRED** 7/15/01 727-797-7528

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

CR2E003 (5/01)

CERTIFIED IN CHILD AND ADOLESCENT  
PSYCHIATRY  
CERTIFIED IN ADULT PSYCHIATRY  
AMERICAN BOARD OF PSYCHIATRY  
AND NEUROLOGY

**HARBIR S. SEKHON, M.D.**

25400 U.S. 19 NORTH • SUITE 114  
CLEARWATER, FLORIDA 33763

20/2  
(727) 797-7528

July 26, 2001

Attention: Trevor Brumbley  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: H.S. Sekhon Limited Partnership  
Ref. Number: A00000000421

Dear Ms. Brumbley,

I am confirming my conversation with you today, regarding the filing of my U.B.R 2001 for the **H.S. Sekhon Limited Partnership**.

As I explained to you, I received the U.B.R form for the **first time** in July 2001 and I filled it out and returned it to your office within 10 working days. At no time prior to receiving this form in July 2001 did I receive a similar form nor did this form indicate that this was a second notice or a late notice.

Accordingly, I am very grateful that you kindly agreed to waive the \$400 late fee. I was not aware that regardless of whether the Department of State mailed this form to me in time or not, I was required to file this by May 2001.

I assure you that the U.B.R for 2002 for my Limited Partnership will be filed prior to May 2002 regardless of whether I receive any forms from your office, in time.

Thank you very much for your waiver of the late fee in accordance with F.S. 213.21(3) & Rule 12-13.007, F.A.C.

Sincerely,



H.S. Sekhon, L.C.,  
General Partner, H.S. Sekhon Limited Partnership  
3568 Landmark Trail, Palm Harbor, FL 34684