

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008977 AF

DOCUMENT # A00000000450

1. Entity Name

TSCPR E.D.P. PARTNERSHIP #8, LTD., S.E.

FILED

01 MAY -8 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

Mailing Address

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

PO Box 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
St. Petersburg, FL

4. FEI Number

59-3633967

Applied For

Not Applicable

Zip

Country

Zip

33743-1847

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TSCPR FLORIDA, INC.  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Craig H. Sher

Street Address (P.O. Box Number is Not Acceptable)

5858 Central Avenue

City

St. Petersburg

FL

Zip Code

33707

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Craig H. Sher* Vice President, TSCPR Florida, Inc.

4/26/01

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.

\$99.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000081031  
NAME TSCPR FLORIDA, INC.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL 33707

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/01

Date

727-384-6000

Daytime Phone #

CR2E003 (11/00)