

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000521

1. Entity Name  
SUMMERFIELD CENTER, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB 28 PM 4:52

W 3/2

Principal Place of Business  
8001 NORTH DALE MABRY HWY., SUITE 101-A  
TAMPA FL 33614

Mailing Address  
8001 NORTH DALE MABRY HWY., SUITE 101-A  
TAMPA FL 33614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3634761

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

RANKIN, DAVID P  
14502 N. DALE MABRY HWY., STE. 332  
TAMPA FL 33618

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$260,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # 675439  
NAME WEGMAN ASSOCIATES, INC.  
STREET ADDRESS 8001 NORTH DALE MABRY HWY., SUITE 101-A  
CITY-ST-ZIP TAMPA FL 33614

STREET ADDRESS

CITY-ST-ZIP

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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

WEGMAN ASSOCIATES INC. by TERRY CHASTAIN, President

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/03 (813) 933-7418  
Date Daytime Phone #

CR2E003 (10/02)