

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013684 AT

DOCUMENT # A00000001217

1. Entity Name
DEBOER FAMILY LIMITED PARTNERSHIP



FILED

03 MAR 19 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10101 HAMPTON PLACE
TAMPA FL 33618

Mailing Address
10101 HAMPTON PLACE
TAMPA FL 33618

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 59-3661985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEBOER, ANDREW J
10101 HAMPTON PLACE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$2,000,000.00

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 #
NAME DEBOER, ANDREW J
STREET ADDRESS 10101 HAMPTON PLACE
CITY-ST-ZIP TAMPA FL 33618

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME DEBOER, CYNTHIA G
STREET ADDRESS 10101 HAMPTON PLACE
CITY-ST-ZIP TAMPA FL 33618

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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 REQUIRED

3/13/03

813-884-0471

Date

Daytime Phone #

CR2E003 (10/02)