

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001967



1. Entity Name
TAMPA BAY ACADEMY, LTD.

FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
210 KNICKERBOCKER ROAD
C/O NORMAN WEINSTEIN
CRESSKILL NJ 07626

Mailing Address
210 KNICKERBOCKER ROAD
C/O NORMAN WEINSTEIN
CRESSKILL NJ 07626

2. Principal Place of Business
75 NE 6th Avenue

3. Mailing Address
75 NE 6th Avenue

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

City & State
Delray Beach, FL

City & State
Delray Beach, FL

DUE BY MAY 1, 2003

4. FEI Number 65-1062712

Applied For
Not Applicable

Zip Country
33483 USA

Zip Country
33483 USA

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

WEINSTEIN, NORMAN S
411 NE 7TH AVENUE
DELRAY BEACH FL 33483

Name
Street Address (P.O. Box Number is Not Acceptable)
75 NE 6th Avenue
Suite 103
City Delray Beach FL Zip Code 33483

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. \$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date. \$25,000.00

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 # P00000115681
NAME TB ACADEMY, INC.
STREET ADDRESS 210 KNICKERBOCKER ROAD
CITY-ST-ZIP CRESSKILL NJ 07626

STREET ADDRESS 75 NE 6th Avenue, Suite 103
CITY-ST-ZIP Delray Beach, FL 33483

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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

SIGNATURE:

Norman S. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03 561-278-9292

Date Daytime Phone #

0017825 AB

CR2E003 (10/02)

STAPLE CHECK HERE