

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000448

1. Entity Name

SEMBLER FAMILY PARTNERSHIP #23, LTD.

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

Zip

Country

Zip

Country

33743-1847

USA

FILED
02 APR 30 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-3710722

Applied For

Not Applicable

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

SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

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

Signature, typed or printed name of registered agent and title if applicable.

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

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P96000003312	STREET ADDRESS	
NAME	SEMBLER RETAIL, INC.	CITY-ST-ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Craig H. Sher, President

4/29/02

Date

727-384-6000

Daytime Phone #

CR2E003 (9/01)