

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001565

1. Entity Name  
BRESSLER OUTDOOR MANAGEMENT GROUP, LLLP



Principal Place of Business  
170 WEST FAIRBANKS AVENUE, SUITE 102  
WINTER PARK FL 32789

Mailing Address  
170 WEST FAIRBANKS AVENUE, SUITE 102  
WINTER PARK FL 32789

FILED

2003 MAY -6 AM 10: 06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number APPLIED FOR

59-3760272

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

BRESSLER, DAVID E  
170 WEST FAIRBANKS AVENUE, SUITE 102  
WINTER PARK FL 32789

Name (same)

Street Address (P.O. Box Number is Not Accepted)  
1304 Green Cove Road

City Winter Park

FL

Zip Code 32789

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. \$29,500.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$29,500.00

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 # P99000032541  
NAME BRESSLER DEVELOPMENT COMPANY, INC.  
STREET ADDRESS 170 WEST FAIRBANKS AVENUE, SUITE 102  
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS 1304 Green Cove Road  
CITY-ST-ZIP Winter Park, FL 32789

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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: \_\_\_\_\_

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/03  
Date

Daytime Phone #

CR2E003 (10/02)