

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013666 AT

DOCUMENT # A02000000111

1. Entity Name
WEYSM, LLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 AM 8:14

Principal Place of Business
501 SOUTH RIVERSHILLS DRIVE
TEMPLE TERRACE FL 33617

Mailing Address
501 SOUTH RIVERSHILLS DRIVE
TEMPLE TERRACE FL 33617



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

Applied For

☒ 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

WEYAND SECURITIES MANAGEMENT, LLC
501 SOUTH RIVERSHILLS DRIVE
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

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.

\$5,000,000.00

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 # L01000021710
NAME WEYAND SECURITIES MANAGEMENT, LLC
STREET ADDRESS 501 SOUTH RIVERSHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

STREET ADDRESS

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:

Richard Weyand

4/17/03

813-234-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)