

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

0001497  
AT

DOCUMENT # **A02000001021**

1. Entity Name  
**GLASER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**2313 W. BRISTOL AVE.  
TAMPA FL 33606**

Mailing Address  
**2313 W. BRISTOL AVE.  
TAMPA FL 33606**

**FILED**

**03 SEP 29 AM 10:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY SEPTEMBER 24, 2003**

City & State

City & State

4. FEI Number

**76-0706196**

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

7. Name and Address of New Registered Agent

**KALISH, WILLIAM ESQ.  
C/O SENTERFITT & EIDSON, P.A.  
FIRST UNION BLDG, 100 S ASHLEY DR STE 1500  
TAMPA FL 33602**

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.

**\$348,550.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**70,000**

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 # **L02000019002**  
NAME **GLASER FAMILY MANAGEMENT, LLC**  
STREET ADDRESS **2313 W. BRISTOL AVE.**  
CITY-ST-ZIP **TAMPA FL 33606**

STREET ADDRESS

CITY-ST-ZIP

**000022379710**  
**09/23/03--01108--006 \*\*400.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000022370710**  
**09/10/03--01020--001 \*\*526.25**

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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

**8-13-03**

Date

Daytime Phone #

**813 765 5385**

CR2E003 (4/03)