

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001236

1. Entity Name  
LOUIS ON THE PARK, LLLP



Principal Place of Business  
13144 PARK BLVD., SUITE C  
SEMINOLE FL 34642

Mailing Address  
13144 PARK BLVD., SUITE C  
SEMINOLE FL 34642

FILED

2003 FEB 11 PM 12:10

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

USA

Zip

Country

USA

DUE BY MAY 1, 2003

4. FEI Number

42-155-0662

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

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

400011133034  
01/28/03--01057--018 \*\*52.50

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.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BICKEY, NICHOLAS  
13144 PARK BLVD., SUITE C  
SEMINOLE FL 34642

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BICKEY, MINDY  
13144 PARK BLVD., SUITE C  
SEMINOLE FL 34642

STREET ADDRESS

CITY-ST-ZIP

400011133034  
02/11/03--01089--003 \*\*39.75

DOCUMENT #  
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CITY-ST-ZIP

CR2E003 (10/02)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* 1/23/03 (727) 397-0746  
Date Daytime Phone #