2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A10628

1. Entity Name

SEMBLER FAMILY PARTNERSHIP #1, LTD.

FILED
01 APR 30 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001006 1 AF

Principal Place of Business	Mailing Address
5858 CENTRAL AVE ST. PETERSBURG FL 33707	P.O. BOX 41847 ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip 33743-1847	Country

4. FEI Number 59-2384280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707

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.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $8,000.00

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 #	V25013	STREET ADDRESS	
NAME	SEMBLER ENTERPRISES, INC.		
STREET ADDRESS	5858 CENTRAL AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ST. PETERSBURG FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

AR 56.00
ARSUPP 88.75
8.75
COS
153.50

500004220755--0
-05/16/01--01117--001
****153.50 ****153.50

BA 4/30

CR2E003 (11/00)

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 4/26/01 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Craig H. Sher, President, Sembler Enterprises, Inc.