

2001 UNIFORM BUSINESS REPORT (UBR)

000617 AF

DOCUMENT # **A10749**

1. Entity Name

GOLDEN TRIANGLE ASSOCIATES, LTD.

Principal Place of Business

**4300 W. CYPRESS ST., STE. 150
TAMPA FL 33607**

Mailing Address

**4300 W. CYPRESS ST., STE. 150
TAMPA FL 33607**

FILED

01 MAR 13 PM 12:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2428325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEINER, NELSON C.
4300 W. CYPRESS ST., STE. 150
TAMPA FL 33607**

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.

\$100.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ECKHOUSE, TOD B.
2861 EXECUTIVE DRIVE
CLEARWATER FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GALLANT, MICHAEL
1515 22ND AVENUE NORTH
ST. PETERSBURG FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GAYNOR, JOSEPH W.
150 SECOND AVE NORTH
ST. PETERSBURG FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ILLEL, JAIME
3452 5TH AVE NORTH
ST. PETERSBURG FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KAHLER, JAN R.
4325 E. BAY DR #101
CLEARWATER FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**KELLER, BRIAN
24771 U.S. HWY 19 NORTH
CLEARWATER FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: STEINER, NELSON C.

Date

Daytime Phone #

(813) 350-9399

CR2E003 (11/00)