

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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  
03 MAR 14 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 59-2428325

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

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

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. \$100.00

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

STREET ADDRESS

CITY-ST-ZIP

03/14/03--01100--006 \*\*141.25  
38881-1038353  
03/14/03--01100--006 \*\*141.25

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

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 READER  
NELSON C. STEINER

3-12-03

(813) 350-9399

Date

Daytime Phone #

CR2E003 (10/02)