

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12154

1. Entity Name
THE GREENBAUM FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 19 AM 11:43

Principal Place of Business
110 SOUTH 11TH STREET
TAMPA FL 33602

Mailing Address
110 SOUTH 11TH STREET
TAMPA FL 33602-4204



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2200511
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GLYCKMAN, JEREMY E
707 N FRANKLIN ST 4TH FLR
TAMPA FL 33602

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. \$82,400.00
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 #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	700003245177--8 -05/03/00--0110--001 ****526.25 ****526.25
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP			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: 4-14-00 813-229-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)