

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0004207  
AV

DOCUMENT # **A12154**

1. Entity Name

**THE GREENBAUM FAMILY PARTNERSHIP, LTD.**

02 APR -3 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**110 SOUTH 11TH STREET  
TAMPA FL 33602**

Mailing Address

**110 SOUTH 11TH STREET  
TAMPA FL 33602**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**DUE BY MAY 1, 2002**

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.

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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>GREENBAUM, ELLIOT M</b>	<b>594 DAVIS BLVD., W.</b>	<b>TAMPA FL</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>GREENBAUM, LOIS</b>	<b>5300 BAYSHORE BLVD</b>	<b>TAMPA FL</b>
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SHAPIRO, TOBA</b>	<b>1755 CHURCH STREET NW, #1</b>	<b>WASHINGTON DC 20036</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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:

**ELLIOT M. GREENBAUM**

**3-21-02 813-229-7951**

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)

STATE CHECK HERE