

2001 UNIFORM BUSINESS REPORT (UBR)

00096329 AF

DOCUMENT # **A13524**

1. Entity Name

SOUTH TAMPA, LTD.

Principal Place of Business

**5445 MARINER ST. #104
TAMPA FL 33609-3415**

Mailing Address

**5445 MARINER ST. #104
TAMPA FL 33609-3415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 MAR 23 AM 10:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2227331

Applied For

Not Applicable

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

IRVING, PETER

**5445 MARINER ST #104
TAMPA FL 33609-3415**

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.

\$6,951,270.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$5,230,690

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 **BAXTER, GEORGE J.**
STREET ADDRESS **5005 SAN JOSE ST**
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **IRVING, PETER**
STREET ADDRESS **14900 GULF BLVD. #402**
CITY-ST-ZIP **MADEIRA BCH. FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **KERR, ROBERT S.**
STREET ADDRESS **12501 NO. MAY AVE.**
CITY-ST-ZIP **OKLAHOMA CITY OK**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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 Required *[Signature]* **General Partner** **813-282-1873**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)