

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013128 AT

DOCUMENT # A18268

1. Entity Name  
SUN CITY CENTER OFFICE-I, LTD.



FILED

03 MAR 28 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1647 SUN CITY CENTER PLAZA  
STE. 204  
SUN CITY CENTER FL 33573

Mailing Address  
1647 SUN CITY CENTER PLAZA  
STE. 204  
SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-2621821

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

WHITCOMB, STANLEY P.  
1647 SUN CITY CENTER PLAZA  
SUITE 204  
SUN CITY CENTER FL 33573

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,010.00

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  
WHITCOMB, STANLEY P., JR.  
1647 SUN CITY CENTER PL  
SUN CITY CENTER FL 33573

STREET ADDRESS

CITY-ST-ZIP

900014856649  
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STREET ADDRESS

CITY-ST-ZIP

*Handwritten signature*

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:

*Handwritten signature*

3/6/03 8136345842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE