

2001 UNIFORM BUSINESS REPORT (UBR)

0018828 AB

DOCUMENT # **A19621**

1. Entity Name

PROVIDENCE SQUARE PARTNERS, LTD.

Principal Place of Business

**P.O. BOX 406
MARION OH 43301-0406**

Mailing Address

**P.O. BOX 406
MARION OH 43301-0406**

FILED

01 FEB 12 AM 10:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3972577

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

HOLCOMB, VICTOR W., ESQ.

~~415 S. HYDE PARK AVE.~~

TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

106 SOUTH TAMPA AVENUE

SUITE 200

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.

\$2,437,956.50

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 # **P93000056189**
NAME **PROVIDENCE MANAGERS, INC.**
STREET ADDRESS **444 E. CENTER STREET**
CITY-ST-ZIP **MARION OH 43302**

STREET ADDRESS
CITY-ST-ZIP

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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:

Robert J. Scherer
ROBERT J. SCHERER, PRESIDENT

2/1/01

740-382-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

OF PROVIDENCE MANAGERS, INC.

CR2E003 (11/00)