

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013750 AT

DOCUMENT # A20554

1. Entity Name  
GOEHRING FAMILY PARTNERSHIP I, LTD.



FILED  
03 MAY -6 PM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
6428 RENWICK CIRCLE  
TAMPA FL 33647

Mailing Address  
6428 RENWICK CIRCLE  
TAMPA FL 33647



2. Principal Place of Business

3. Mailing Address  
12401 N. 22nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt H-304

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33612-4630

4. FEI Number 59-2611075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOEHRING, ROLAND A  
6428 RENWICK CIRCLE  
TAMPA FL 33613

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

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

DATE

9. Capital Contributions  
as Shown on record.

\$90,000.00

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 # 364311  
NAME GOEHRING FAMILY CORPORATION  
STREET ADDRESS 6428 RENWICK CIRCLE  
CITY-ST-ZIP TAMPA FL 33647

STREET ADDRESS 12401 N. 22nd St. Apt. H-304  
CITY-ST-ZIP Tampa, FL 33612-4630

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE