

2000 UNIFORM BUSINESS REPORT (UBR)

0002124 AF

DOCUMENT # **A20565**

1. Entity Name

SUMTER CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

Principal Place of Business

**10033-B NORTH DALE MABRY HWY.
P.O. BOX 271082
TAMPA FL 33618**

Mailing Address

**10033-B NORTH DALE MABRY HWY.
P.O. BOX 271082
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2583373

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

GULF COAST REALTY INVESTORS, INC.

10033-B N. DALE MABRY

P.O. BOX 271082

TAMPA FL 33618

Name

Street Address, P.O. Box Number is Not Acceptable

4214 Fairway Run

City

FL

Zip Code

33624

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.

\$2,100,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **691152**
NAME **GULF COAST REALTY INVESTORS, INC.**
STREET ADDRESS **10033-B NORTH DALE MABRY**
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS **4214 Fairway Run**
CITY-ST-ZIP

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

813-962-1930

CR2E003 (5/00)