

2001 UNIFORM BUSINESS REPORT (UBR)

0009827 AF

DOCUMENT # **A20565**

1. Entity Name

SUMTER CENTER, LTD.

FILED
01 FEB -7 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**16833 B NORTH DALE MADRY HWY.
P.O. BOX 271082
TAMPA FL 33618**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2583373**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GULF COAST REALTY INVESTORS, INC.
4214 FAIRWAY RUN
TAMPA FL 33624**

7. Name and Address of New Registered Agent

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.

\$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

DOCUMENT # **691152**
NAME **GULF COAST REALTY INVESTORS, INC.**
STREET ADDRESS **4214 FAIRWAY RUN**
CITY-ST-ZIP **TAMPA FL 33624**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

Herb Swartzman, Pres. **HERB SWARTZMAN, Pres.** 1-15-2001
813 Feb 1930

CR2E003 (11/00)