

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22209**

1. Entity Name

SOUTHEAST CAPITAL ASSOCIATES SEVEN, LTD.

Principal Place of Business

P.O. BOX 429
ST. PETERSBURG FL 33731-0429

Mailing Address

P.O. BOX 429
ST. PETERSBURG FL 33731-0429

2. Principal Place of Business

100 Second Avenue North

Suite, Apt. #, etc.

Suite 200

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

Zip
33701

Country
Pinellas

Zip

Country

4. FEI Number

59-2645207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

IRWIN, IAN F.

222 SECOND STREET N.

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

100 Second Avenue North Suite 200

City

St Petersburg

FL

Zip Code
33701

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.

\$1,080,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**IRWIN, IAN F.
222 SECOND STREET NORTH
ST. PETERSBURG FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
**100 Second Avenue North Suite 200
St Petersburg, FL 33701**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**400004418864--3
-06/13/01--01108--016
****526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED Irwin

4/26/01 (727)821-5178

Date

Daytime Phone #

0010045

AF

CR2E003 (11/00)

FILED

01 MAY 16 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

BAJH