

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013547 AT

**DOCUMENT #** A22831

1. Entity Name  
**KEYSTONE PLAZA, LTD.**



FILED  
03 FEB 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8001 N. DALE MABRY HIGHWAY  
SUITE 101-A  
TAMPA FL 33614**

Mailing Address  
**8001 N. DALE MABRY HIGHWAY  
SUITE 101-A  
TAMPA FL 33614**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

**DUE BY MAY 1, 2003**

4. FEI Number **59-2687632**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WEGMAN ASSOCIATES, INC.  
8001 NORTH DALE MABRY HWY.  
SUITE 101-A  
TAMPA FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$755,000.00**

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	
DOCUMENT #	<b>675439</b>
NAME	<b>WEGMAN ASSOCIATES, INC.</b>
STREET ADDRESS	<b>8001 N. DALE MABRY HWY.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
DOCUMENT #	<b>H95225</b>
NAME	<b>THE GEORGE W. LACKEY CO.</b>
STREET ADDRESS	<b>8001 N. DALE MABRY HWY.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	<b>BITTMANN, CHRIS</b>
STREET ADDRESS	<b>8001 N. DALE MABRY HWY.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900013267449</b>
CITY-ST-ZIP	<b>02/28/03--01030--005 **535.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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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

**Wegman Associates, Inc. by Terry Chastain, President**

SIGNATURE: SIGNATURE REQUIRED **5 FEB 2003 913-933-7418**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)