

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25065**

1. Entity Name  
**FLORACENTERS LIMITED PARTNERSHIP**



**FILED**  
03 MAY -2 PM 7:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
**209 EAST STATE STREET  
COLUMBUS OH 43215**

Mailing Address  
**209 EAST STATE STREET  
COLUMBUS OH 43215**



2. Principal Place of Business  
**191 W NATIONWIDE BLVD**

3. Mailing Address  
**191 W NATIONWIDE BLVD**

Suite, Apt. #, etc.  
**SUITE 200**

Suite, Apt. #, etc.  
**SUITE 200**

**DUE BY MAY 1, 2003**

City & State  
**COLUMBUS, OH**

City & State  
**COLUMBUS, OH**

4. FEI Number **31-1203475**

Applied For  
Not Applicable

Zip  
**43215-2568**

Country

Zip  
**43215-2568**

Country

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

**6. Name and Address of Current Registered Agent**

**PADUCH, GARY F.  
321 OLEANDER WAY  
CASSELBERRY FL 32707**

**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

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

DATE

9. Capital Contributions  
as Shown on record. **\$5.00**

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 # **H66818**  
NAME **FLORACENTERS, INC.**  
STREET ADDRESS **209 EAST STATE STREET**  
CITY-ST-ZIP **COLUMBUS OH**

DOCUMENT # **PADUCH, GARY F.**  
NAME **321 OLEANDER WAY**  
STREET ADDRESS **CASSELBERRY FL 32707**  
CITY-ST-ZIP

DOCUMENT # **MCCARTHY, KEVIN W.**  
NAME **120 UNIVERSITY PARK DR.**  
STREET ADDRESS **WINTER PARK FL**  
CITY-ST-ZIP

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 **H66818**  
**191 W NATIONWIDE BLVD, SUITE 200**  
CITY-ST-ZIP **COLUMBUS, OH 43215-2568**

STREET ADDRESS  
CITY-ST-ZIP  
**000017874980**  
**05/02/03--01047--023 \*\*141.25**

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 REQUIRED**  
**M. CASTO, III**

**4/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019780 MB