

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25391**

1. Entity Name
GATEWAY TAX CREDIT FUND, LTD.



FILED

03 JUN -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**880 CARILLON PARKWAY
ST. PETERSBURG FL 33716**

Mailing Address
**PO BOX 12749
ST. PETERSBURG FL 33733-2749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **59-2852555**

Applied For
Not Applicable

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

**RAMOND JAMES TAX CREDIT FUNDS, INC.
880 CARILLON PARKWAY
ST. PETERSBURG FL 33716**

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. **\$50,000,000.00**

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------------------|--------------------------|--|
| DOCUMENT # | J96725 | STREET ADDRESS | |
| NAME | RAYMOND JAMES TAX CREDIT FUNDS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 880 CARILLON PKWY | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | |
| DOCUMENT # | J96712 | STREET ADDRESS | |
| NAME | RAYMOND JAMES PARTNERS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 880 CARILLON PKWY | | |
| CITY-ST-ZIP | ST. PETERSBURGH FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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: *Carol Georges* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **Carol Georges, Vice President, RJTCF, Inc. (727)567-1000**

CR2E003 (11/0/02)

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STAPLE CHECK HERE