

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008326 AI

DOCUMENT # A29553 ✓

1. Entity Name
SCHRIMSHER LAND FUND VI, LTD. ✓



FILED
03 FEB 21 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
600 EAST COLONIAL DRIVE, SUITE 100 ✓
ORLANDO FL 32803

Mailing Address
600 EAST COLONIAL DRIVE, SUITE 100 ✓
ORLANDO FL 32803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3002376** ✓

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SCHRIMSHER, J. STEVEN ✓
600 EAST COLONIAL DRIVE, SUITE 100
ORLANDO FL 32803

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. **\$2,250,000.00** ✓

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 # **P98000005938** ✓
NAME **SCHRIMSHER, INC.**
STREET ADDRESS **600 EAST COLONIAL DRIVE, SUITE 100**
CITY-ST-ZIP **ORLANDO FL 32803**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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STREET ADDRESS

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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: **STEVEN SCHRIMSHER** Steven Schrimsher

(407) 423-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)