

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021247 FP

DOCUMENT # **A30586**

1. Entity Name
THE STERN SECOND FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**16301 SONSOLES DRIVE-AVILA
TAMPA FL 33613**

Mailing Address
**16301 SONSOLES DRIVE-AVILA
TAMPA FL 33613**

FILED
03 APR -2 AM 10:00
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3024860**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERN, CHARLES A.
16301 SONSOLES DRIVE-AVILA
TAMPA FL 33613**

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 *Charles A. Stern*
Signature, typed or printed name of registered agent and title if applicable.

DATE

3-28-03

9. Capital Contributions
as Shown on record. **\$1,294,302.00**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STERN, CHARLES A.
16301 SONSOLES DR-AVILA
TAMPA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**STERN, LOIS B.
16301 SONSOLES DR-AVILA
TAMPA FL**

STREET ADDRESS

CITY-ST-ZIP

700015047307
04/02/03--01008--005 **\$26.25

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles A. STERN **3-28-03**

Date

Daytime Phone #

913-861-6184

CR2E003 (10/02)