

2001 UNIFORM BUSINESS REPORT (UBR)

0001277 AF

DOCUMENT # **A31517**

1. Entity Name

SHINER'S PARTNERS III, LTD.

FILED

01 MAY -1 PM 6 24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**205 S. HWY. 17-92
LONGWOOD FL 32750**

Mailing Address

**205 S. HWY. 17-92
LONGWOOD FL 32750**

2. Principal Place of Business

Sold 10/2000

Suite, Apt. #, etc.

3. Mailing Address

400 North Street

Suite, Apt. #, etc.

Suite 120

City & State

Longwood, FL

4. FEI Number

59-3065064

Applied For

Not Applicable

Zip

Country

Zip

Country

32750

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OSWALD, KENNETH F
600 COURTLAND STREET, SUITE 110
ORLANDO FL 32804**

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.

SIGNATURE *Theodore Burton, IV* **Theodore Burton, IV - Partner** **4/25/01**
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **J65951**
NAME **SHINER'S, INC.**
STREET ADDRESS **2917 WEST S.R. 434, SUITE 111**
CITY-ST-ZIP **LONGWOOD FL 32779**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **400 North Street, Suite 120**
CITY-ST-ZIP **Longwood, FL 32750**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

3/25/15

DOCUMENT #
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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: *Theodore Burton, IV* **Theodore Burton, IV - Partner** **4/25/01** **407-786-1086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)