

2001-UNIFORM BUSINESS REPORT (UBR)

0009873 AF

DOCUMENT # **A92000000195**

1. Entity Name

STRIPER PARTNERS IV, LTD.

FILED

01 MAY 14 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9260 BAY PLAZA BOULEVARD
SUITE 501
TAMPA FL 33619**

Mailing Address
**9260 BAY PLAZA BOULEVARD
SUITE 501
TAMPA FL 33619**

2. Principal Place of Business
**9331 W. ADAMO DR.
SUITE, APT. #, ETC.
200
Tampa FL**

3. Mailing Address
**9331 W. ADAMO DR.
SUITE, APT. #, ETC.
200
Tampa, FL**

4. FEI Number **59-3155583** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**LEWIS, JAMES W JR.
4601 CLARKSDALE LANE
BRANDON FL 33511**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$544,500.00** 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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P92000011884		STREET ADDRESS	
NAME	RAGLAND-WHITTIER CORPORATION		CITY-ST-ZIP	
STREET ADDRESS	9260 BAY PLAZA BOULEVARD			
CITY-ST-ZIP	TAMPA FL 33619			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				

300004416743--2
05/13/01-01006-014
*******526.25 *****526.25**

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

1/30/01 813-621-8197
Date Daytime Phone #

CR2E003 (11/00)