

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013413
AT

DOCUMENT # **A92000000195**

1. Entity Name

STRIPER PARTNERS IV, LTD.

02 APR 19 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**9331 W. ADAMS DR., #200
TAMPA FL 33619**

Mailing Address

**9331 W. ADAMS DR., #200
TAMPA FL 33619**

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, 2002

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

7. Name and Address of New Registered Agent

**LEWIS, JAMES W JR.
4601 CLARKSDALE LANE
BRANDON FL 33511**

Name

James W. Lewis JR

Street Address (P.O. Box Number is Not Acceptable)

9331 W. Adamo Dr.

Suite 200

City

Tampa

FL

Zip Code

33619

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

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**
NAME **RAGLAND-WHITTIER CORPORATION**
STREET ADDRESS **9260 BAY PLAZA BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33619**

STREET ADDRESS

9331 W. Adamo Dr #200

CITY-ST-ZIP

Tampa, FL 33619

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CR2E003 (9/01)

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #