

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000258

1. Entity Name

SWEGER FAMILY LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
150 BELLEVIEW BLVD., NO. 605
BELLEAIR FL 33756

Mailing Address
150 BELLEVIEW BLVD., NO. 605
BELLEAIR FL 33756-1963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3153062

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

SWEGER, JOHN B
150 BELLEVIEW BLVD., NO. 605
BELLEAIR FL 33756

Name

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

City

FL

Zip Code

33756

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,517,783.00

10. Amount of Capital Contributions in FLORIDA to date.

2,517,783.00

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
SWEGER, JOHN B
150 BELLEVIEW BLVD., NO. 605
BELLEAIR FL 33756

STREET ADDRESS

CITY - ST - ZIP

33756

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
SWEGER, JOHN B JR
2000 DEER RUN N.
CLEARWATER FL 33764

STREET ADDRESS

CITY - ST - ZIP

340 MEARS BLVD.

OLDSMAR, FL 34677

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
SWEGER, ROBERT L
4911 N PARK
TAMPA FL 33624

STREET ADDRESS

CITY - ST - ZIP

14078 TROUVILLE DR.

TAMPA, FL 33624

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

Date

Daytime Phone #

1/3/2000 727-461-2809