

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001359**

1. Entity Name

**KLEPDELS BRANDON LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -3 PM 6:22



Principal Place of Business  
% STUART S. GOLDING COMPANY  
27001 U.S. HIGHWAY 19 N. SUITE 2095  
CLEARWATER FL 33761

Mailing Address  
% STUART S. GOLDING COMPANY  
27001 U.S. HIGHWAY 19 N. SUITE 2095  
CLEARWATER FL 33761-3490

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 **59-3215863**

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

SCHER, DAVID  
% STUART S. GOLDING COMPANY  
27001 U.S. HIGHWAY 19 NORTH, SUITE 2095  
CLEARWATER FL 33761

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

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. **\$915,000.00**

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 # **P93000084277**  
NAME **KLEPDELS, INC.**  
STREET ADDRESS **27001 U.S. HWY 19 NORTH, SUITE 2095**  
CITY - ST - ZIP **CLEARWATER FL 33761**

STREET ADDRESS

CITY - ST - ZIP

**700003213217--0**  
**-04/18/00--01104--004**  
**\*\*\*\$535.00 \*\*\*\$535.00**

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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: *By [Signature]* REQUIRED M. Poulack

3/14/00 (727) 796-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #