

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013762 AT

DOCUMENT # A94000001128

1. Entity Name
2617 ASSOCIATES, LTD.



FILED

03 APR 15 PM 3:01

Principal Place of Business
1302 N. 19TH STREET
TAMPA FL 33605

Mailing Address
P.O. BOX 18464
TAMPA FL 33679

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0515073

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

HOWELL, DANIEL B
1302 N. 19TH STREET
TAMPA FL 33605

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. \$125,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # G44274
NAME BAY VILLA DEVELOPERS, INC.
STREET ADDRESS 1302 N. 19TH STREET
CITY-ST-ZIP TAMPA FL 33605

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # K04165
NAME THE MAHR COMPANY
STREET ADDRESS 100 WEST KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33602

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
M THOMAS
Date 4/9/03 (813) 2474949
Daytime Phone #

CR2E003 (10/02)