

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001164

1. Entity Name

MAUCH FAMILY LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 25 AM 3:05

Principal Place of Business

3006 ASHLAND TERRACE  
CLEARWATER FL 34621

Mailing Address

3006 ASHLAND TERRACE  
CLEARWATER FL 33761-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1120 RAMBLING VINE CT  
Suite, Apt. #, etc.

NEWPORT RICHEY

City & State

FLORIDA

3. Mailing Address

1120 RAMBLING VINE CT  
Suite, Apt. #, etc.

NEWPORT RICHEY, FL

City & State

4. FEI Number

59-3266973

Applied For

Not Applicable

Zip  
34655

Country  
USA

Zip  
34655

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALAN S. GASSMAN, P.A.  
1245 COURT STREET  
STE. 102  
CLEARWATER FL 34616

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

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.

\$400,000.00

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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	MAUCH, ROBERT P TRUSTEE	3006 ASHLAND TERRACE	CLEARWATER FL 34621
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	1120 RAMBLING VINE CT
CITY - ST - ZIP	NEWPORT RICHEY, FL 34655
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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:

ROBERT P. MAUCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/00 727-372-8972

CR:EC03 (9/99)