

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013311 AT

DOCUMENT # A94000001318

1. Entity Name
THE HIBBS FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:17

Principal Place of Business
3122 W. OAKLYN AVE.
TAMPA FL 33609

Mailing Address
3122 W. OAKLYN AVE.
TAMPA FL 33609



2. Principal Place of Business
4131 N. RIVER VIEW AVE

3. Mailing Address
4131 N. RIVER VIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number 59-3273157

Applied For
Not Applicable

Zip 33609 Country USA

Zip 33609 Country USA

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

WEINSTEIN, ALAN
500 N. MAITLAND AVE.
SUITE 308
MAITLAND FL 32751

Name SAMUEL HIBBS, JR.
Street Address (P.O. Box Number is Not Acceptable)
4131 N. RIVER VIEW AVE
City TAMPA FL Zip Code 33609

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 Samuel Hibbs, Jr. DATE

9. Capital Contributions as Shown on record. \$950,000.00

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 #
NAME HIBBS, SAMUEL G JR
STREET ADDRESS 3122 W. OAKLYN AVE.
CITY-ST-ZIP TAMPA FL 33609

STREET ADDRESS 4131 N. RIVER VIEW AVE
CITY-ST-ZIP TAMPA, FL 33609

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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: Samuel Hibbs, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
DATE 3/26/03 DAYTIME PHONE # 813 622 1947

CR2E003 (10/02)