

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013408 AT

DOCUMENT # A95000000119

1. Entity Name  
DELUCIA FAMILY LIMITED PARTNERSHIP



03 APR -3 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4543 S. MANHATTAN AVENUE, SUITE 102  
TAMPA FL 33611

Mailing Address  
4543 S. MANHATTAN AVENUE, SUITE 102  
TAMPA FL 33611



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 65-0555515

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 34616

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00

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 DELUCIA, EUGENE R TRUSTEE  
STREET ADDRESS 4543 S. MANHATTAN AVENUE, SUITE 102  
CITY-ST-ZIP TAMPA FL 33611

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/30/03

813-837-2461  
Date Daytime Phone #

CR2E003 (10/02)