

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016984 AT

DOCUMENT # **A96000000058**

1. Entity Name
TUTTLE RETAIL ASSOCIATES, LTD.



FILED

03 MAR 18 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2033 WOOD ST., SUITE 118
SARASOTA FL 34237**

Mailing Address
**P.O. BOX 5335
SARASOTA FL 34277**

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 **65-0655407**

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

GULF COAST PROPERTY SERVICES, INC.

~~2815 PROCTOR ROAD~~

~~SARASOTA FL 34277~~

Name

Street Address (P.O. Box Number is Not Acceptable)

2033 Wood St., Suite 118

City **Sarasota**

FL

Zip Code **34237**

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.

\$990.00

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 # **H80044**
NAME **GULF COAST PROPERTY SERVICES, INC.**
STREET ADDRESS **2033 WOOD ST., SUITE 118**
CITY-ST-ZIP **SARASOTA FL 34237**

STREET ADDRESS

CITY-ST-ZIP

600014314066
03/18/03--01028--025 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE REQUIRED

3/10/03 941-922-2114

CR2E003 (10/02)