

# 2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 APR 30 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # A96000000794</b>	
1. Entity Name <b>GWINNETT/CAROLINA, LTD.</b>	
2. Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG FL 33707	3. Mailing Address % THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG FL 33743-1847
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number <b>59-3398078</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SHER, CRAIG H 5858 CENTRAL AVE. ST. PETERSBURG FL 33707</b>		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. (NOT Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$295,950.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$11,967.79</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P96000003312</b>
NAME	<b>SEMBLER RETAIL, INC.</b>
STREET ADDRESS	<b>5858 CENTRAL AVE.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	<del>83-76-4</del>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	<b>ARSU 85.75</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	<b>CO3 8.75</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<b>181.26</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600004220356--6</b>
CITY-ST-ZIP	<b>-05/16/01--01088--020</b>
	<b>****181.26 ****181.26</b>
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: *Craig H. Sher* 4/25/01 727-384-6000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
 Craig H. Sher, President, Sembler Retail, Inc.

CR2E003 (11/00)