

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001461

1. Entity Name
SEMBLER FAMILY PARTNERSHIP #13, LTD.

FILED

00 APR 27 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

Mailing Address
**5858 CENTRAL AVE.
ST. PETERSBURG FL 33707-1728**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**c/o The Sembler Company
PO Box 41847**

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

Zip
33743-1847

Country

4. FEI Number
59-3399813

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SHER, CRAIG H
5858 CENTRAL AVE.
ST. PETERSBURG FL 33707**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$916,740.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$99.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P96000003312 SEMBLER RETAIL, INC. 5858 CENTRAL AVE. ST. PETERSBURG FL 33707	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
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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** **Craig H. Sher, President** **4/26/2000** **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Sembler Retail, Inc.** Daytime Phone #

CR2E003 (9/99)