

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001888**

1. Entity Name  
**MARY SUE FRANK INVESTMENTS, LTD.**



**FILED**

**03 MAR 17 PM 2:05**



Principal Place of Business  
**2611 BAYSHORE BOULEVARD, APT. 907  
TAMPA FL 33629**

Mailing Address  
**2611 BAYSHORE BOULEVARD, APT. 907  
TAMPA FL 33629**

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 **59-3410349**

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

**FRANK, MARY SUE  
2611 BAYSHORE BOULEVARD, APT. 907  
TAMPA FL 33629**

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

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

DATE

9. Capital Contributions as Shown on record. **\$5,000,000.00**

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 **FRANK, MARY SUE**  
STREET ADDRESS **2611 BAYSHORE BOULEVARD, APT. 907**  
CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS

CITY-ST-ZIP

**800013170098**

**02/27/03--01076--005 \*\*437.50**

DOCUMENT #  
NAME **SCHMIDT, PATRICIA V**  
STREET ADDRESS **8400 SUNSET DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32819**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **FRANK, L. ROBERT JR.**  
STREET ADDRESS **2109 SOUTH HESPERIDES STREET**  
CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS

CITY-ST-ZIP

**800013170098**

**03/17/03--01019--012 \*\*88.75**

DOCUMENT #  
NAME **FRANK, MARY LINDA**  
STREET ADDRESS **330 E. 80TH ST., #4L**  
CITY-ST-ZIP **NEW YORK NY 10021**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**M THOMAS**

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

**3/7/03**

**813 251 0021**

Date

Daytime Phone #

CR2E003 (10/02)