

# 2000 UNIFORM BUSINESS REPORT (UBR)

00 C 20 A/F

**DOCUMENT #** A97000000767  
**1. Entity Name**  
 AIF, LTD.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUL -3 PM 1:29



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
 2908 SABER DRIVE  
 CLEARWATER FL 33759

**Mailing Address**  
 2908 SABER DRIVE  
 CLEARWATER FL 33759-1213

**2. Principal Place of Business**  
 3463 HARBOR DR.

**3. Mailing Address**  
 3463 HARBOR DR.

**City & State**  
 SPRING HILL FL

**City & State**  
 SPRING HILL FL

**4. FEI Number** 59-3449097

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

**Applied For**  
 Not Applicable

**6. Name and Address of Current Registered Agent**

SARCHET, CATHY  
 2908 SABER DRIVE  
 CLEARWATER FL 34619

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3463 HARBOR DRIVE  
 City SPRING HILL FL Zip Code 34607

**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 Catherine A. Sarchet G.P. CATHERINE A. SARCHET, G.P. 4-18-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**9. Capital Contributions as Shown on record.** \$2,500.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**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	
DOCUMENT #	SARCHET, CATHY
NAME	2908 SABER DRIVE
STREET ADDRESS	CLEARWATER FL 34619
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	3463 HARBOR DRIVE
CITY-ST-ZIP	SPRING HILL FL 34607
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500003316075--0
CITY-ST-ZIP	-07/07/00--01042--005
STREET ADDRESS	****141.25 ****141.25
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: Catherine A. Sarchet G.P. CATHERINE A. SARCHET, G.P. 4-18-00 352-596-9354  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #