

# 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.

Suite, Apt. #, etc.

3. Mailing Address

3463 HARBOR DR.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

4. FEI Number

59-3449097

Applied For

Not Applicable

Zip

34607

Country

USA

Zip

34607

Country

USA

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

SARCHET, CATHY

2908 SABER DRIVE

CLEARWATER FL 34619

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SARCHET, CATHY  
2908 SABER DRIVE  
CLEARWATER FL 34619

STREET ADDRESS

CITY - ST - ZIP

3463 HARBOR DRIVE

SPRING HILL FL 34607

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

500003316075--0

-07/07/00--01042--005

\*\*\*\*141.25 \*\*\*\*141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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.

CATHERINE A. SARCHET G.P.

SIGNATURE:

CATHERINE A. SARCHET G.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-18-00

Date

352-596 9334

Daytime Phone #