

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

0014137 AT

02 APR 25 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # A97000001196**

**1. Entity Name**  
**THE KNAUS GULF SHORES LIMITED PARTNERSHIP**

<b>Principal Place of Business</b> 1520 GULF BLVD., #1602 CLEARWATER FL 33767	<b>Mailing Address</b> 1520 GULF BLVD., #1602 CLEARWATER FL 33767
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>DUE BY MAY 1, 2002</b>	
<b>4. FEI Number</b> 58-2445518	Applied For Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**KNAUS, RONALD L**  
**1520 GULF BLVD., #1602**  
**CLEARWATER FL 33767**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

<b>9. Capital Contributions as Shown on record.</b> \$1,980.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	KNAUS, RONALD L
NAME	1520 GULF BLVD, #1602
STREET ADDRESS	CLEARWATER FL 33767
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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(10) CR2E003 (9/01)

**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:** Ronald L. Knaus 4/20/02 127-391-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #