

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001679
AT

DOCUMENT # **A97000001334**

1. Entity Name
THE PRESIDENTIAL ASSOCIATES LIMITED PARTNERSHIP



FILED

2003 AUG -8 PM 4:29

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**3232 FRUITVILLE RD.
SARASOTA FL 34237**

Mailing Address
**P.O. BOX 21284
SARASOTA FL 34276**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **65-0761423**

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

**ZITO, C. J.
3232 FRUITVILLE RD.
SARASOTA FL 34237**

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. **\$421,400.00**

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 # **L9700000331**
NAME **SEQUOIA ASSOCIATES, L.C.**
STREET ADDRESS **1634 MAIN STREET**
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P97000044730**
NAME **PRESIDENTIAL HOUSING AND APARTMENTS, INC.**
STREET ADDRESS **2033 MAIN STREET, SUITE 101**
CITY-ST-ZIP **SARASOTA FL 34237**

STREET ADDRESS

CITY-ST-ZIP

6000221A0236
08/08/03--01087--002 **526.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/03)