

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001823

1. Entity Name

GIVE TO RECEIVE, LTD.

Principal Place of Business

2908 SABER DR  
CLEARWATER FL 33759

Mailing Address

2908 SABER DR  
CLEARWATER FL 33759-1213

2. Principal Place of Business

3463 HARBOR DRIVE

3. Mailing Address

3463 HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

SPRING HILL FL

Zip

34607

Country

USA

Zip

34607

Country

USA

4. FEI Number

59-3464971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SARCHET, WILLIAM  
2908 SABER DR  
CLEARWATER FL 33759

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

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SARCHET, WILLIAM  
2908 SABER DR  
CLEARWATER FL 33759

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP  
3463 HARBOR DRIVE  
SPRING HILL FL 34607

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS  
CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

WILLIAM SARCHET 4-18-00 352-596-9554

FILED  
00 MAY 31 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE