

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015090 AF

DOCUMENT # **A97000001823**

1. Entity Name

**GIVE TO RECEIVE, LTD.**

Principal Place of Business

**3463 HARBOR DRIVE  
SPRING HILL FL 34607**

Mailing Address

**3463 HARBOR DRIVE  
SPRING HILL FL 34607**

01 APR 13 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3464971**

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

**SARCHET, WILLIAM**

**2908 SABER DR**

**CLEARWATER FL 33759**

Name

**SARCHET, WILLIAM**

Street Address (P.O. Box Number is Not Acceptable)

**3463 HARBOR DRIVE**

**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

*William Sarchet*

**WILLIAM SARCHET GP**

**4.9.01**

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.

**2,500.00**

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, WILLIAM**

**3463 HARBOR DRIVE**

**SPRING HILL FL 34607**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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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:

*William Sarchet*

**4.9.01**

**352-596-9554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)