

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001850**

1. Entity Name

PAUL SCHWARTZ FAMILY PARTNERSHIP, LLLP

Principal Place of Business
3435 BAYSHORE BOULEVARD
#1100 N
TAMPA FL 33629-8800

Mailing Address
3435 BAYSHORE BOULEVARD
#1100 N
TAMPA FL 33629-8800

FILED

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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

59-3465689

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

SCHWARTZ, PAUL
3435 BAYSHORE BOULEVARD
#1100N
TAMPA FL 33629-8800

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.

\$6,587,319.00

10. Amount of Capital Contributions in FLORIDA to date.

6,587,319.00

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 **SCHWARTZ, PAUL**
 STREET ADDRESS **3435 BAYSHORE BOULEVARD, #1100N**
 CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME **FUNK, CAROL**
 STREET ADDRESS **924 GOLF VIEW DRIVE**
 CITY-ST-ZIP **TAMPA FL 33609**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME **TROPP, NANCY**
 STREET ADDRESS **5107 SOUTH NICHOL STREET**
 CITY-ST-ZIP **TAMPA FL 33611**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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CITY-ST-ZIP

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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

1-22-01

813 932.0027

Date

Daytime Phone #

CR2E003 (11/00)