

2002 UNIFORM BUSINESS REPORT (UBR)

0013499
AT

DOCUMENT # **A97000001850**

1. Entity Name

PAUL SCHWARTZ FAMILY PARTNERSHIP, LLLP

FILED

2002 JAN 25 PM 1:52

DIVISION OF CORPORATIONS



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

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

2. Principal Place of Business
933 Sesson Cove Way

3. Mailing Address
933 Sesson Cove Way

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33602

Country
U.S.A.

Zip
33602

Country
U.S.A.

4. FEI Number
59-3465689

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
933 Sesson Cove Way

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

City
TAMPA

State
FL

Zip Code
33602

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 **1.21.02**

Signature, typed or printed name of registered agent and title if applicable. 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 # | | STREET ADDRESS | 933 Sesson Cove Way |
| NAME | SCHWARTZ, PAUL | CITY-ST-ZIP | TAMPA FL 33602 |
| STREET ADDRESS | 3435 BAYSHORE BOULEVARD, #1100N | | |
| CITY-ST-ZIP | TAMPA FL 33629 | | |
| DOCUMENT # | | STREET ADDRESS | 924 GOLF VIEW |
| NAME | FUNK, CAROL | CITY-ST-ZIP | TAMPA FL 33629 |
| STREET ADDRESS | 924 GOLF VIEW DRIVE | | |
| CITY-ST-ZIP | TAMPA FL 33609 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | TROPP, NANCY | CITY-ST-ZIP | |
| STREET ADDRESS | 5107 SOUTH NICHOL STREET | | |
| CITY-ST-ZIP | TAMPA FL 33611 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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: **1.21.02** **813 932-0027**

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

CR2E003 (9/01)