

2000 UNIFORM BUSINESS REPORT (UBR)

0886000 NY

DOCUMENT # A97000002021

1. Entity Name
TSCPR FAMILY PARTNERSHIP #2, LTD.

Principal Place of Business
**5858 CENTRAL AVENUE
 ST. PETERSBURG FL 33707**

Mailing Address
**C/O THE SEMBLER COMPANY
 P.O. BOX 41847
 ST. PETERSBURG FL 33743-1847**

FILED

00 APR 27 PM 1:42

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3470770		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$584,500.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	P97000081031 TSCPR FLORIDA, INC. 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	800003247198--1 -05/10/00--01098--032 ***535.00 ***535.00
		CITY - ST - ZIP	
		STREET ADDRESS	
		CITY - ST - ZIP	
		STREET ADDRESS	
		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: *[Signature]* **SIGNATURE REQUIRED** **Craig H. Sher, Vice-Pres.** **4/26/2000** **727-384-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **TSCPR Florida, Inc.** Date Daytime Phone #

CR2E003 (9/99)