

2001 UNIFORM BUSINESS REPORT (UBR)

0010279 AF

DOCUMENT # A97000002108

1. Entity Name:

2000 ULMERTON PARTNERS, LTD.

Principal Place of Business
1901 ULMERTON RD., STE. 700
CLEARWATER FL 33762

Mailing Address
1901 ULMERTON RD., STE. 700
CLEARWATER FL 33762

FILED
01 APR 30 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3469557

Applied For
Not Applicable

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

ROWE, JAMES C ESQ.
C/O RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE. SOUTH, NORTH TOWER, STE. #400
ST. PETERSBURG FL 33701

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$1,630,886.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,288,395.00

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 # L97000001023
NAME RYMA, L.C.
STREET ADDRESS 1901 ULMERTON RD., STE. 700
CITY-ST-ZIP CLEARWATER FL 33762

STREET ADDRESS

CITY-ST-ZIP

100004220281--1

05/16/01--01087--012

***590.00 ***535.00

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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 #

CR2E003 (11/00)