

2001 UNIFORM BUSINESS REPORT (UBR)

0008240 AF

DOCUMENT # **A97000002363**

1. Entity Name

SAHLMAN FAMILY, LTD.

Principal Place of Business

**1601 SAHLMAN DRIVE
TAMPA FL 33605**

Mailing Address

**1601 SAHLMAN DRIVE
TAMPA FL 33605**

FILED

01 FEB 26 AM 11:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

**1601 Sahlman Drive
Suite, Apt. #, etc.**

3. Mailing Address

**1601 Sahlman Drive
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3479323

Applied For

Not Applicable

Zip
33605

Country
U.S.A.

Zip
33605

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**SAHLMAN, CHARLES W
1601 SAHLMAN DRIVE
TAMPA FL 33605**

7. Name and Address of New Registered Agent

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.

\$2,400,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$2,322,777

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. \$526.25
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **SAHLMAN, CHARLES W**
STREET ADDRESS **1601 SAHLMAN DRIVE**
CITY-ST-ZIP **TAMPA FL 33605**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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******526.25 ****526.25**

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: **Charles W. Sahlman** 2/21/01 (813) 248-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)