

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002363**

1. Entity Name
SAHLMAN FAMILY, LTD.

FILED

02 JAN 14 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJH



Principal Place of Business
**1601 SAHLMAN DRIVE
TAMPA FL 33605**

Mailing Address
**1601 SAHLMAN DRIVE
TAMPA FL 33605**

2. Principal Place of Business
1601 Sahlman Drive

3. Mailing Address
1601 Sahlman Drive

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Tampa, FL

City & State
Tampa, FL

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

7. Name and Address of New Registered Agent

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

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.

DATE **1/11/02**

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

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

4000004789434--6
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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

Charles W. Sahlman 1/7/02

(813) 248-5726

Date

Daytime Phone #

CR2E003 (9/01)