

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002363**

1. Entity Name
SAHLMAN FAMILY, LTD.



FILED

03 JAN 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3479323**

Applied For
Not Applicable

Zip Country
33605 U.S.A.

Zip Country
33605 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

**800010384988
01/21/03--01037--019 **526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: _____

SAHLMAN, CHARLES W
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles W. Sahlman 1/13/03 (813)

Date

Daytime Phone 248-5726

CR2E003 (10/02)