

2002 UNIFORM BUSINESS REPORT (UBR)

0013314 AT

DOCUMENT # **A97000002493**

1. Entity Name

KEYSTONE DEVELOPMENT OF TAMPA, LIMITED

FILED

2002 FEB 25 PM 2:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business

% WEGMAN ASSOC.
8001 N. DALE MABRY, SUITE 101-A
TAMPA FL 33614

Mailing Address

% WEGMAN ASSOC.
8001 N. DALE MABRY, SUITE 101-A
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3482030

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, JOHN A JR.
10025 ORANGE GROVE DRIVE
TAMPA FL 33618

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]

DATE

9. Capital Contributions
as Shown on record.

\$350,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P97000081556**
NAME **KEYSTONE DEVELOPMENT COMPANY OF TAMPA, INC**
STREET ADDRESS **10025 ORANGE GROVE DRIVE**
CITY-ST-ZIP **TAMPA FL 33618**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. J. Wegman, Jr.

2/18/02

(813) 933-7418

Date

Daytime Phone #

CR2E003 (9/01)