

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000209**

1. Entity Name

DESTIN PARTNERSHIP #1, LTD.

Principal Place of Business

**C/O THE DESTIN COMPANY
2918 TEAL LANE
CLEARWATER FL 33762**

Mailing Address

**P.O. BOX 41847
ST. PETERSBURG FL 33743-1847**

FILED
02 APR 30 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
5858 CENTRAL AVENUE

3. Mailing Address
PO BOX 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
59-3500574

Applied For
Not Applicable

Zip
33707

Country
USA

Zip
33743-1847

Country
USA

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

6. Name and Address of Current Registered Agent

**SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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.

DATE

9. Capital Contributions as Shown on record. **\$139,173.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$99.00**

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

DOCUMENT # **P98000004274**
NAME **DESTIN RETAIL, INC.**
STREET ADDRESS **5858 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300005481663--9
-05/07/02--01071--021

STREET ADDRESS

CITY-ST-ZIP

*****150.00 ***150.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Craig H. Sher, Vice President

4/29/02

727-384-6000

Date

Daytime Phone #

CR2E003 (9/01)