

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000559

1. Entity Name

Pritchard-Robbins Limited Partnership

Principal Place of Business
2512 West Tyson
Tampa, FL 33611

Mailing Address

2. Principal Place of Business

3. Mailing Address

400 N. Ashley Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2300

City & State

City & State
Tampa Florida

4. FEI Number

65-0861727

Applied For

Not Applicable

Zip

Country

Zip

Country

33602

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

Robbins, Kathleen
2512 West Tyson
Tampa, FL 33611

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.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

P98000017712513, Inc.
Pritchard-Robbins, Inc.
2512 Tyson Avenue
Tampa, FL 33611

DOCUMENT #
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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-05/10/00--01091--027
****141.25 ****141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KATHLEEN S. ROBBINS

Date

Daytime Phone #

4-17-2000

813837-2421

CR2E003 (9/99)