

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00135669 AT

DOCUMENT # A98000000572

1. Entity Name
SEVER FAMILY LIMITED PARTNERSHIP, LLLP

FILED

03 APR 15 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
1012 NORTH RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617Mailing Address
1012 NORTH RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3501818

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEVER, RAYMOND J
1012 NORTH RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

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 \$700,000.00
as Shown on record.10. Amount of Capital Contributions \$700,000.00
in FLORIDA to date.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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME SEVER, RAYMOND J
STREET ADDRESS 1012 NORTH RIVERHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME DUWELIUS, JANET LYN
STREET ADDRESS 1012 NORTH RIVERHILLS DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33617

STREET ADDRESS

CITY-ST-ZIP

800016078058

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

M THOMAS

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/13/03

Date

Daytime Phone #

813-972-4444

CR2E003 (10/02)