

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001066

1. Entity Name  
SEMBLER/YBOR, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 10 PM 2: 59

Principal Place of Business  
C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

Mailing Address  
C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707-1728



DO NOT WRITE IN THIS SPACE

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 59-3521855		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHER, CRAIG H C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. Capital Contributions as Shown on record. \$1,980.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,980.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000003312	STREET ADDRESS	
NAME	SEMBLER RETAIL, INC.	CITY - ST - ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY - ST - ZIP	ST. PETERSBURG FL 33707		
DOCUMENT #		STREET ADDRESS	300003208133--0
NAME		CITY - ST - ZIP	-04/13/00--01106--008
STREET ADDRESS			****150.00 ****150.00
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NAME		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: Craig H. Sher 4/3/00 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)