

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000001248**

**1. Entity Name**  
**TAMPA RENAISSANCE LIMITED PARTNERSHIP**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

*[Handwritten Signature]*



**Principal Place of Business**  
 3033 MERCY DRIVE  
 ORLANDO FL 32808

**Mailing Address**  
 3033 MERCY DRIVE  
 ORLANDO FL 32808-3113

**2. Principal Place of Business**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3521919 **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 DOEBLER, DAVID R  
 3033 MERCY DRIVE  
 ORLANDO FL 32808

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$250,000.00 **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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000044676 TAMPA RENAISSANCE CORPORATION 3033 MERCY DRIVE ORLANDO FL 32808	STREET ADDRESS CITY - ST - ZIP	
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**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:** *[Handwritten Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4-17-00** **407-210-2260**  
 Date Daytime Phone #

CR2E003 (9/99)