

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000001766**

1. Entity Name

TSCPR EDP PARTNERSHIP #1, LTD.

Principal Place of Business

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

Mailing Address

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 3:11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3529132

Applied For

Not Applicable

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$6,100.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$153,800.00

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 # P97000081031  
NAME TSCPR FLORIDA, INC.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY - ST - ZIP ST. PETERSBURG FL 33707

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CITY - ST - ZIP

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STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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CITY - ST - ZIP

200003250042--1  
-05/12/00--01027--018  
\*\*\*\*\$35.00 \*\*\*\*\$35.00

13X

4/28

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Craig H. Sher, Vice President

TSCPR Florida, Inc.

4/26/2000 727-384-6000

Daytime Phone #