

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002298**

1. Entity Name

**SEMBLER E.D.P. PARTNERSHIP #12, LTD.**

FILED

01 APR 30 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010088  
AF

Principal Place of Business <b>5858 CENTRAL AVENUE ST. PETERSBURG FL 33707</b>	Mailing Address <b>% THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG FL 33743-1847</b>
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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 <b>59-3539769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. <b>\$183,150.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$99.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P96000003312</b>	STREET ADDRESS	
NAME	<b>SEMBLER RETAIL, INC.</b>	CITY-ST-ZIP	<b>300004162129--4</b>
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>		<b>-05/08/01--01072--013</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>		<b>****150.00 ****150.00</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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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: **SIGNATURE REQUIRED** 4/26/01 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)