

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002783**

1. Entity Name

**TJR PROPERTY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business

2435 U.S. HIGHWAY 19, SUITE 630  
HOLIDAY FL 34691

Mailing Address

2435 U.S. HIGHWAY 19, SUITE 630  
HOLIDAY FL 34691-3941



2. Principal Place of Business

437 E. Tarpon Ave.

3. Mailing Address

437 E. Tarpon Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

APPLIED FOR

59-3547790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, TIMOTHY J  
437 E. TARPON SPRINGS AVENUE  
TARPON SPRINGS FL 34689

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.

\$990.00

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

DOCUMENT # P97000016982  
NAME TJR INVESTMENTS, INC.  
STREET ADDRESS 2435 U.S. HIGHWAY 19, SUITE 630  
CITY-ST-ZIP HOLIDAY FL 34691

13. ADDRESS CHANGES ONLY

STREET ADDRESS

437 E. Tarpon Ave.

CITY-ST-ZIP

Tarpon Springs, FL 34689

DOCUMENT #

NAME

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)