

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000001041**

1. Entity Name  
**SEMBLER E.D.P. PARTNERSHIP #16, LTD.**

FILED

00 APR 27 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707**

Mailing Address  
**5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707-1728**

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

3. Mailing Address  
**c/o The Sembler Company**  
Suite, Apt. #, etc.  
**PO Box 41847**  
City & State  
**St. Petersburg, FL**  
Zip  
**33743-1847**

4. FEI Number  
**59-3583515**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHER, CRAIG H  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$395,420.00**

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 #	<b>P96000003312</b>
NAME	<b>SEMBLER RETAIL, INC.</b>
STREET ADDRESS	<b>5858 CENTRAL AVENUE</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33707</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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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: *Craig H. Sher* SIGNATURE REQUIRED** **Craig H. Sher, President** **4/26/2000** **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Sembler Retail, Inc.** Daytime Phone #

CR2E003 (9/99)