

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001101**

1. Entity Name

SEMBLER/TREASURE FLORIDA PARTNERSHIP #1, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 11 PM 3:21

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3593839

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEMBLER/TREASURE FLORIDA, INC.
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Sher, Craig H.

Street Address (P.O. Box Number is Not Acceptable)

5858 Central Avenue

City

St. Petersburg

FL

Zip Code

33707

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

Craig H. Sher

Craig H. Sher, President

4/3/00

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.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.00

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 # **P99000041259**
NAME **SEMBLER/TREASURE FLORIDA, INC.**
STREET ADDRESS **5858 CENTRAL AVENUE**
CITY - ST - ZIP **ST. PETERSBURG FL 33707**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

900003213649--2
-04/18/00--01119--002
******150.00 ****150.00**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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

Craig H. Sher

4/3/00

727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)