

2001 UNIFORM BUSINESS REPORT (UBR)

0010163 AF

DOCUMENT # **A99000001320**

1. Entity Name

402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.

FILED

01 APR -9 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1245 COURT STREET, SUITE 102
CLEARWATER FL 33756**

Mailing Address

**1245 COURT STREET, SUITE 102
CLEARWATER FL 33756**

2. Principal Place of Business

402 Jeffords Street

Suite, Apt. #, etc.

3. Mailing Address

2323 Curlew Road

Suite, Apt. #, etc.

Suite 7E

City & State

Clearwater, FL 33756

City & State

Palm Harbor, FL 34683

4. FEI Number

59-3591634

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN S

1245 COURT STREET, SUITE 102

CLEARWATER FL 33756

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.

SA Filed
150,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$150,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ABDO, RICHARD M.D.
1011 JEFFORDS STREET, SUITE C
CLEARWATER FL 33756**

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
300003992399--1
-04/11/01--01085--008
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUGHES, W. ALLEN M.D.
1305 SOUTH FT. HARRISON AVENUE
CLEARWATER FL 33756**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SCHWAB, THOMAS O M.D.
1528 LAKEVIEW ROAD
CLEARWATER FL 33756**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MOSKOVITZ, GARY M.D.
1528 LAKEVIEW ROAD
CLEARWATER FL 33756**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**PIAZZA, MICHAEL M.D.
1011 JEFFORDS STREET, SUITE C
CLEARWATER FL 33756**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROTHBERG, MICHAEL M.D.
1528 LAKEVIEW ROAD
CLEARWATER FL 33756**

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

Michael Piazza, M.D.

Managing Partner

SIGNATURE:

Michael Piazza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/01

Date

727-446-5993

Daytime Phone #

CR2E003 (11/00)