

2002 UNIFORM BUSINESS REPORT (UBR)

0016103 AT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 22 PM 4:03



DOCUMENT # A99000001320

1. Entity Name
402 JEFFORDS STREET LIMITED PARTNERSHIP, L.L.P.

Principal Place of Business
402 JEFFORDS STREET
CLEARWATER FL 33756

Mailing Address
~~2328 CURLEW ROAD, SUITE 7E~~
~~PALM HARBOR FL 34683~~

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

3. Mailing Address
1011 Jeffords St.
Suite C
City & State
Zip

DUE BY MAY 1, 2002

4. FEI Number 59-3591634
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$150,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ABDO, RICHARD M.D.	STREET ADDRESS	
NAME	1011 JEFFORDS STREET, SUITE C	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER FL 33756		
CITY-ST-ZIP			
DOCUMENT #	HUGHES, W. ALLEN M.D.	STREET ADDRESS	
NAME	1305 SOUTH FT. HARRISON AVENUE	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER FL 33756		
CITY-ST-ZIP			
DOCUMENT #	SCHWAB, THOMAS O M.D.	STREET ADDRESS	
NAME	1528 LAKEVIEW ROAD	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER FL 33756		
CITY-ST-ZIP			
DOCUMENT #	MOSKOVITZ, GARY M.D.	STREET ADDRESS	
NAME	1528 LAKEVIEW ROAD	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER FL 33756		
CITY-ST-ZIP			
DOCUMENT #	PIAZZA, MICHAEL M.D.	STREET ADDRESS	
NAME	1011 JEFFORDS STREET, SUITE C	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER FL 33756		
CITY-ST-ZIP			
DOCUMENT #	ROTHBERG, MICHAEL M.D.	STREET ADDRESS	
NAME	1528 LAKEVIEW ROAD	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER FL 33756		
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** 4/17/02 237-446-5993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)