

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001367**

1. Entity Name

SPECTRUM COMMUNITY SERVICES, LTD.



Principal Place of Business
**845 PROTON ROAD
SAN ANTONIO TX 78258**

Mailing Address
**845 PROTON ROAD
SAN ANTONIO TX 78258**

FILED

2003 MAY 14 PM 2:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **74-2927699**

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

**DONATO, JOE
610 NORTH WYMORE ROAD
WINTER PARK FL 32789**

Name

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

5035 Edgewater Drive

City

Orlando

FL

Zip Code
32810

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$2,757,150.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **M99000001307**
NAME **GLOUCESTER HOLDINGS LLC**
STREET ADDRESS **845 PROTON ROAD**
CITY-ST-ZIP **SAN ANTONIO TX 78258**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

Treasurer MIKE HAWLER

GLOUCESTER HOLDINGS LLC

Date

Daytime Phone #

5/7/03

210-340-7155

CFR2E003 (10/02)

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STAPLE CHECK HERE