

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021302
FP

DOCUMENT # A99000001376

1. Entity Name
THE T.C. WELCH LIMITED PARTNERSHIP



FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
715 ELDORADO PARKWAY, WEST
CAPE CORAL FL 33914-7248

Mailing Address
715 ELDORADO PARKWAY, WEST
CAPE CORAL FL 33914-7248

2. Principal Place of Business
5211 SW 5TH PLACE
Suite, Apt. #, etc.

3. Mailing Address
5211 SW 5TH PLACE
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
CAPE CORAL, FL
Zip
33914-6504
Country

City & State
CAPE CORAL, FL
Zip
33914-6504
Country

4. FEI Number 65-0930860

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, THOMAS C
715 ELDORADO PARKWAY, WEST
CAPE CORAL FL 33914-7248

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. 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. \$605,105.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WELCH, THOMAS C
715 ELDORADO PARKWAY, WEST
CAPE CORAL FL 33914-7248

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WELCH, DIANE M
715 ELDORADO PARKWAY, WEST
CAPE CORAL FL 33914-7248

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
5211 SW 5TH PLACE
CAPE CORAL, FL 33914-6504

STREET ADDRESS
CITY-ST-ZIP
5211 SW 5TH PLACE
CAPE CORAL, FL 33914-6504

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
200016397132
04/21/03--01063--005 **141.25

STREET ADDRESS
CITY-ST-ZIP
200016397132
05/21/03--01051--012 **385.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)