

2001 UNIFORM BUSINESS REPORT (UBR)

nf

DOCUMENT # A99000001398

1. Entity Name

SCHUTZENDORF LIMITED PARTNERSHIP

FILED

01 APR 18 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

19029 US HWY 19 N
BUILDING 8 UNIT 9
CLEARWATER FL 33764

19029 US HWY 19 N
BUILDING 8 UNIT 9
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

59-3597048

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GASSMAN, ALAN S
1245 COURT ST., STE 102
CLEARWATER FL 33756

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.

\$800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$800,000

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

SCHUTZENDORF, GILBERT H TRUSTEE
19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9
CLEARWATER FL 33764

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHUTZENDORF, ALICE MAY C TRUSTEE
19029 U.S. HWY. 19 N, Bldg 8, Unit 9
CLEARWATER FL 33764

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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

727-446-3349

Date

Daytime Phone #

4/16/01

CR2E003 (11/00)