

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001398

1. Entity Name

SCHUTZENDORF LIMITED PARTNERSHIP, L.L.P.

Principal Place of Business

19029 U.S. HWY. 19 NORTH
BUILDING 8, UNIT 9
CLEARWATER FL 33764

Mailing Address

19029 U.S. HWY. 19 NORTH
BUILDING 8, UNIT 9
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

436 Poinsettia Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CLEARWATER FL 33767

Zip

Country

Zip
33767

Country
Pinellas

4. FEI Number

59-3597048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

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

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

DATE

9. Capital Contributions
as Shown on record.

\$800,000.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHUTZENDORF, GILBERT H TRUSTEE
19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9
CLEARWATER FL 33764

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHUTZENDORF, ALICE MAY C TRUSTEE
19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9
CLEARWATER FL 33764

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****526.25 ****526.25

CR2E003 (9/01)

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

4/12/02 X 727-446-3349