

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002066

1. Entity Name

TSCPR E.D.P. PARTNERSHIP #2, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 PM 3: 06

Principal Place of Business Mailing Address

A99000002066

2. Principal Place of Business  
5858 Central Avenue

3. Mailing Address  
PO Box 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

4. FEI Number  
59-3614186

Applied For  
Not Applicable

Zip  
33707

Country  
USA

Zip  
33743

Country  
USA

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

Gregory S. Sembler  
5858 Central Avenue  
St. Petersburg, FL 33707

## 7. Name and Address of New Registered Agent

Name Craig H. Sher  
Street Address (P.O. Box Number is Not Acceptable)  
5858 Central Avenue  
City St. Petersburg FL Zip Code 33707

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

*Craig H. Sher*

5-8-2000

9. Capital Contributions  
as Shown on record.

\$99.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$99.00

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 # P97000081031  
NAME TSCPR Florida, Inc.  
STREET ADDRESS 5858 Central Avenue  
CITY-ST-ZIP St. Petersburg, FL 33707

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 800003249878--6  
-05/12/00--01020--010  
\*\*\*150.00 \*\*\*150.00

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

Craig H. Sher, Vice-Pres, 4/26/2000 727-384-6000

TSCPR Florida, Inc.

Date

Daytime Phone #

CR2E003 (9/99)