

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013638 AT

DOCUMENT # A99000002262

1. Entity Name
REDEVELOPMENT PARTNERS, LIMITED



FILED

03 MAR 20 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5401 KENNEDY BLVD., SUITE 751
P.O. BOX 23887
TAMPA FL 33623

Mailing Address
5401 KENNEDY BLVD., SUITE 751
P.O. BOX 23887
TAMPA FL 33623

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3208036

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

GILES, JOEL B
200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33731

Name Gregory D. Morris
Street Address (P.O. Box Number is Not Acceptable)
2325 WILMINGTON RD
SUITE 20
City Clearwater FL Zip Code 33762

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.

3/13/03
DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

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 # P93000074840
NAME REDEVELOPMENT PARTNERS, INCORPORATED
STREET ADDRESS 5401 KENNEDY BLVD., SUITE 751
CITY-ST-ZIP TAMPA FL 33623

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

THOMAS

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/03
Date

777-576-6424
Daytime Phone #

CR2E003 (10/02)