

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013113 AT

**DOCUMENT # B94000000082**  
 1. Entity Name  
**SOUTH ATLANTIC VENTURE PARTNERS III, LIMITED PARTNERSHIP**

FILED

02 MAR -6 AM 9:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*MJH*



Principal Place of Business Mailing Address  
 614 WEST BAY STREET, SUITE 200 614 WEST BAY STREET, SUITE 200  
 TAMPA FL 33606-2704 TAMPA FL 33606-2704

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3156351**  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**BURTON, DONALD W.**  
**3603 BAYSHORE BOULEVARD**  
**TAMPA FL 33629-8942**

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

9. Capital Contributions as Shown on record.. **\$1,500.00**

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	<b>BURTON, DONALD W</b>
STREET ADDRESS	<b>614 WEST BAY STREET, SUITE 200</b>
CITY-ST-ZIP	<b>TAMPA FL 33606-2704</b>
DOCUMENT #	
NAME	<b>BARBER, SANDRA P</b>
STREET ADDRESS	<b>614 WEST BAY STREET, SUITE 200</b>
CITY-ST-ZIP	<b>TAMPA FL 33606-2704</b>
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	
STREET ADDRESS	<del>608005107176-3</del>
CITY-ST-ZIP	<del>-03/14/02--01027--019</del>
	<del>****141.25 ****141.25</del>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: DONALD W. BURTON** *[Signature]*

3/1/02 813-253-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)