

2002 UNIFORM BUSINESS REPORT (UBR)

0013600 AT

DOCUMENT # B96000000447

1. Entity Name
DEVISERS, L.P.

FILED

02 APR 30 PM 4: 19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
PO BOX 14355
TAMPA FL 33690

Mailing Address
PO BOX 14355
TAMPA FL 33690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3346673

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

HANEY, R. REID ESQUIRE
101 EAST KENNEDY BLVD., SUITE 4100
TAMPA FL 33602

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.

\$840,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006116
NAME DEVISERS, INC.
STREET ADDRESS PO BOX 14355
CITY-ST-ZIP TAMPA FL 33690

STREET ADDRESS

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-05/10/02-01057-002
***150.00 ***150.00

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

BRIAN ABELES, INC. DEVISERS, INC.

APRIL 25TH, 2002

(813) 221-4100

CR2E003 (9/01)