

2001 UNIFORM BUSINESS REPORT (UBR)

DU13813

DOCUMENT # **A00000001426**

1. Entity Name

BERMUDA ESTATES ASSOCIATES, LTD.

FILED

mf

Principal Place of Business

**2411 S. CAROLINA AVENUE
TAMPA FL 33629**

Mailing Address

**2411 S. CAROLINA AVENUE
TAMPA FL 33629**

01 APR 19 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3670309

Applied For

Not Applicable

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

**COLEY, RICHARD T SR.
2411 S. CAROLINA AVENUE
TAMPA FL 33629**

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

Richard T Coley Sr.

3-12-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,000,002.00

10. Amount of Capital Contributions in FLORIDA to date.

0

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 # **P99000032665**
NAME **CCM ADVISORS, INC.**
STREET ADDRESS **2411 S. CAROLINA AVENUE**
CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS

CITY-ST-ZIP

900004104019--8

DOCUMENT #
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CITY-ST-ZIP

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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:

Richard T Coley Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-12-01

Date

Daytime Phone #

813-250-1760

CR2E003 (11/00)