

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009200 AF

**DOCUMENT # A27531**  
 1. Entity Name  
**BLOOMINGDALE 301 LIMITED PARTNERSHIP**

**FILED**  
 01 APR 27 PM 3:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**501 E. KENNEDY BLVD., SUITE 1700**      **501 E. KENNEDY BLVD., SUITE 1700**  
**TAMPA FL 33602**      **TAMPA FL 33602**

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **98-0104104**      Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HUMPHRIES, J. BOB**  
**FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER**  
**501 E. KENNEDY BLVD., SUITE 1700**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**  
 Name  
**Cody W. Waters, Esquire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Fowler, White Law Firm**  
**501 E. Kennedy Blvd., #1700**  
 City      State      Zip Code  
**Tampa      FL      33602**

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 *Cody Waters*      (NOTE: Registered Agent signature required when reinstating)      DATE

9. Capital Contributions as Shown on record.      **\$311,913.00**

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 #	<b>A27530</b>
NAME	<b>BLOOMINGDALE PROPERTY GENPART LIMITED PART</b>
STREET ADDRESS	<b>501 E. KENNEDY BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
STREET ADDRESS	<b>000004195250--8</b>
CITY-ST-ZIP	<b>-05/11/01-01032-005</b>
STREET ADDRESS	<b>****535.00      ****535.00</b>
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: *[Signature]*      **ANDERSON**      **4.4.01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CP2E003 (11/00)