

2002 UNIFORM BUSINESS REPORT (UBR)

0004151 AV

DOCUMENT # **A27531**

1. Entity Name
BLOOMINGDALE 301 LIMITED PARTNERSHIP

FILED

02 APR 18 PM 12: 24

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

Mailing Address
**501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **98-0104104**

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

**CODY W. WATERS, ESQ.
FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER
501 E. KENNEDY BLVD., SUITE 1700
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. **\$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 # NAME STREET ADDRESS CITY-ST-ZIP	A27530 BLOOMINGDALE PROPERTY GENPART LIMITED PART 501 E. KENNEDY BLVD. TAMPA FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	700005350077--6
CITY-ST-ZIP	-04/26/02--01007--003 ***535.00 ***535.00
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: *[Signature]* **REQUIRED A. W. ANDERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/8/02** Daytime Phone # **905.624.5065**

CR2E003 (9/01)