

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009406 AF

DOCUMENT # **A94000000379** *04/16*

1. Entity Name

**CHURCH STREET MARKET LIMITED PARTNERSHIP**

**FILED**

01 MAR 30 AM 11:49

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607  
 Mailing Address: C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607

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 **65-0475623** 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

**AMEURCO MANAGEMENT, INC.  
 4350 W. CYPRESS, STE. 250  
 TAMPA FL 33607**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$4,350,100.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>P93000083428</b>	STREET ADDRESS	
NAME	<b>EURO VI, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4350 W. CYPRESS, STE. 250</b>		
CITY-ST-ZIP	<b>TAMPA FL 33067</b>		
DOCUMENT #		STREET ADDRESS	
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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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**BRUCE D. BURDGE**  
 EXECUTIVE VICE PRESIDENT *3-26-01* *(813) 833-8800*  
 Date Daytime Phone #

CR2E003 (11/00)