

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000203**

1. Entity Name

YBOR III, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 3: 13

Principal Place of Business
2112 NORTH 15TH STREET, SUITE 101
TAMPA FL 33605

Mailing Address
2112 NORTH 15TH STREET, SUITE 101
TAMPA FL 33605-3648



2. Principal Place of Business
2109 E. Palm Avenue
Suite, Apt. #, etc. *Suite 206*

3. Mailing Address
2109 E. Palm Avenue
Suite, Apt. #, etc. *Suite 206*

DO NOT WRITE IN THIS SPACE

City & State *Tampa, FL* City & State *Tampa, FL*

4. FEI Number **59-3421655** Applied For
Not Applicable

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

Zip *33605* Country *U.S.A.* Zip *33605* Country *U.S.A.*

6. Name and Address of Current Registered Agent
MCMULLEN, THOMAS J JR.
2112 NORTH 15TH STREET, SUITE 101
TAMPA FL 33605

7. Name and Address of New Registered Agent
Name *McMullen, Thomas J. Jr.*
Street Address (P.O. Box Number is Not Acceptable)
2109 E. Palm Avenue, Suite 206
City *Tampa* FL Zip Code *33605*

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 *Thomas J. McMullen, Jr.* DATE *4-28-00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$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	
DOCUMENT #	P98000021034
NAME	YBOR III GROUP, INC.
STREET ADDRESS	2112 NORTH 15TH STREET, SUITE 101
CITY - ST - ZIP	TAMPA FL 33605
DOCUMENT #	N98000000959
NAME	NATIONAL DEVELOPMENT FOUNDATION, INC.
STREET ADDRESS	4250 ALAFAYA TRAIL, SUITE 212-330
CITY - ST - ZIP	OVIDO FL 32765-9424
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	300003243753 2
CITY - ST - ZIP	-05/03/00--01014--009
STREET ADDRESS	***150.00 ***150.00
CITY - ST - ZIP	
STREET ADDRESS	<i>5/10</i>
CITY - ST - ZIP	
STREET ADDRESS	<i>5/1/00</i>
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: *Thomas J. McMullen, Jr.* **SIGNATURE REQUIRED** *President, Ybor III Group, Inc., Its Gen Partner* DATE: *4-28-00* DAYTIME PHONE #: *813-297-2828*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)