

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0013010 AT

DOCUMENT # **A97000000203**

1. Entity Name  
**YBOR III, LTD.**

02 APR 12 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2109 EAST PALM AVENUE, SUITE 206  
TAMPA FL 33605**

Mailing Address  
**2109 EAST PALM AVENUE, SUITE 206  
TAMPA FL 33605**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

4. FEI Number **59-3421655** 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**

**MCMULLEN, THOMAS J JR.  
2109 EAST PALM AVENUE, SUITE 206  
TAMPA FL 33605**

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 *Thomas J. McMullen, Jr.* DATE *4-11-02*  
Signature typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000021034 YBOR III GROUP, INC. 2112 NORTH 15TH STREET, SUITE 101 TAMPA FL 33605</b>	STREET ADDRESS CITY-ST-ZIP	<b>400005293644--6 -04/18/02--01068--007 ****150.00 ****150.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>N98000000959 NATIONAL DEVELOPMENT FOUNDATION, INC. 4250 ALAFAYA TRAIL, SUITE 212-330 OVIEDO FL 32765-9424</b>	STREET ADDRESS CITY-ST-ZIP	<b>BK</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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.* *President, Ybor III Group, Inc. Its General Partner 4-11-02 813-244-2828*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)