

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000376**

1. Entity Name  
**CCD NORTH PALMS, LTD.**

FLA.D  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**11015 NORTH DALE MABRY  
TAMPA FL 33618**

Mailing Address  
**11015 NORTH DALE MABRY  
TAMPA FL 33618**

2. Principal Place of Business  
**13014 N. DALE MABRY HWY**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**SUITE 356**

Suite, Apt. #, etc.

City & State  
**TAMPA, FL**

City & State

4. FEI Number **59-3501681**

Applied For  
 Not Applicable

Zip **33618** 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**

**MURPHY, THOMAS J  
11015 NORTH DALE MABRY  
TAMPA FL 33618**

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. **\$401,000.00**

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 # **P98000012501**  
NAME **CONCORDE NORTH PALMS, INC.**  
STREET ADDRESS **11015 NORTH DALE MABRY**  
CITY - ST - ZIP **TAMPA FL 33618**

STREET ADDRESS **13014 N. DALE MABRY HWY SUITE 356**  
CITY - ST - ZIP **TAMPA, FL 33618**

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CITY - ST - ZIP

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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. Murphy* **Thomas J. Murphy** **4-15-00** **813 269 0599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)