

2002 UNIFORM BUSINESS REPORT (UBR)

0013396 AT

DOCUMENT # **A98000000376**

FILED

1. Entity Name
CCD NORTH PALMS, LTD.

02 MAR 25 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**13014 N. DALE MABRY HWY.
SUITE 356
TAMPA FL 33618**

Mailing Address
**13014 N. DALE MABRY HWY.
SUITE 356
TAMPA FL 33618**



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

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

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-3501681

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

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

Name
Kim M. SCHWENCKE

Street Address (P.O. Box Number is Not Acceptable)
13014 N. DALE MABRY, SUITE 356

City **TAMPA** FL Zip Code **33618**

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

2/26/02
DATE

9. Capital Contributions as Shown on record. **1,000.00 \$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 **13014 N. DALE MABRY HWY.**
CITY-ST-ZIP **TAMPA FL 33618**

STREET ADDRESS
CITY-ST-ZIP

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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: **Kim M. SCHWENCKE** **2/26/02** **813-269-0899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE