

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000940**

1. Entity Name

HBZ LIMITED PARTNERSHIP

FILED

00 APR 10 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**34156 U.S. 19 NORTH
PALM HARBOR FL 34684**

Mailing Address

**34156 U.S. 19 NORTH
PALM HARBOR FL 34684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3504770

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name **C. Randall Harrell**
Street Address (P.O. Box Number is Not Acceptable) **34156 US 19 North**
City **Palm Harbor** **FL** Zip Code **34684**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 15, 2000

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 # **P94000026023**
NAME **HBZ INVESTMENT CORPORATION**
STREET ADDRESS **34156 U.S. 19 NORTH**
CITY - ST - ZIP **PALM HARBOR FL 34684**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

600003222696--5
-04/25/00--01040--002
******141.25 ****141.25**

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

Date

Daytime Phone #

Jan 15, 2000

CR2E003 (9/99)