

2001 UNIFORM BUSINESS REPORT (UBR)

0018005 AF

DOCUMENT # A98000001718

1. Entity Name
RUSHING PLAZA BUILDING, LTD.

Principal Place of Business
**6669 LAKE CHARLENE DRIVE
PENSACOLA FL 32506**

Mailing Address
**P.O. BOX 4634
PENSACOLA FL 32507**

FILED
01 JAN 19 AM 11:05
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number **59-3523300**
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**

~~RUSHING, LLOYD G~~
~~6669 LAKE CHARLENE DRIVE~~
~~PENSACOLA FL 32506~~

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

9. Capital Contributions as Shown on record. **\$1,000.00** 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 # NAME STREET ADDRESS CITY-ST-ZIP	RUSHING, LLOYD G 6669 LAKE CHARLENE DRIVE PENSACOLA FL 32506	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	RUSHING, JULIA O 6669 LAKE CHARLENE DRIVE PENSACOLA FL 32506	STREET ADDRESS CITY-ST-ZIP	800003581578--8 -01/26/01--01043--022 ****150.00 ****150.00
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CR2E003 (11/00)

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 **Lloyd G. Rushing** **1/15/01** **850-453-3448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #