

2001 UNIFORM BUSINESS REPORT (UBR)

0014873 AF

DOCUMENT # **A99000001622**

1. Entity Name

BLEVINS PROPERTIES, LTD.

FILED

Principal Place of Business

9822 DAVIS ROAD
TAMPA FL 33637

Mailing Address

9822 DAVIS ROAD
TAMPA FL 33637

01 AUG -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business:

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3600173**
APPLIED FOR

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

HINES, JAMES P
HINES NORMAN & ASSOCIATES, P.L.
315 SOUTH HYDE PARK AVENUE
TAMPA FL 33606

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions - as Shown on record. **\$2,000,000.00**

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 **BLEVINS, PATRICIA ANN TRUSTEE**
STREET ADDRESS **9822 DAVIS ROAD**
CITY-ST-ZIP **TAMPA FL 33637**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **400004527374--1**
CITY-ST-ZIP **08/09/01 01071-006**
******826.25 ****826.25**

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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: Patricia Ann Blevins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-23-2001 1-800-247-3057
Date Daytime Phone #

CR2E003 (11/00)