

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # B95000000410

1. Entity Name

CCAG LIMITED PARTNERSHIP

00 MAR 31 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ng4112



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1110 EUCLID AVENUE, SUITE 300
CLEVELAND OH 44115

1110 EUCLID AVENUE, SUITE 300
CLEVELAND OH 44115-1603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1815519

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

AUSTIN GROUP, INC.
1211 NORTH WESTSHORE BLVD.
SUITE 102
TAMPA FL 33607

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.

\$239,750.00

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 # F96000000721
NAME TGF CORPORATION
STREET ADDRESS 1110 EUCLID AVENUE, SUITE 300
CITY - ST - ZIP CLEVELAND OH 44115

STREET ADDRESS

CITY - ST - ZIP

200003213212--6
-04/18/00--01104--002
*****535.00 *****535.00

DOCUMENT #
NAME
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:

SIGNATURE REQUIRED

2/28/2000

Date

Daytime Phone #

CR02003 (0/00)