

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008228 AF

**DOCUMENT #** A00000000979  
**1. Entity Name**  
 HALL OF FAME ASSOCIATES, LTD.

FILED

*Handwritten initials*

**Principal Place of Business**  
 2227 NORTH WESTSHORE BLVD.  
 TAMPA FL 33606

**Mailing Address**  
 2227 NORTH WESTSHORE BLVD.  
 TAMPA FL 33606

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SECRETARY OF STATE  
 TALLAHASSEE



**2. Principal Place of Business**  
 2202 N. WEST SHORE  
 Suite, Apt. #, etc. SUITE 110  
 City & State TAMPA FL  
 Zip 33607 Country USA

**3. Mailing Address**  
 2202 N. WEST SHORE  
 Suite, Apt. #, etc. SUITE 110  
 City & State TAMPA FL  
 Zip 33607 Country USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-2077522 **Applied For** Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CORBETT, RICHARD A  
 2227 NORTH WESTSHORE BLVD.  
 TAMPA FL 33606

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) 2202 N. WEST SHORE  
 SUITE 110  
 City TAMPA FL Zip Code 33607

**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]* **DATE** 2/26/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** \$350,000.00  
**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	
DOCUMENT #	CORBETT, RICHARD A
NAME	2227 NORTH WESTSHORE BLVD.
STREET ADDRESS	TAMPA FL 33606
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	2202 N. WEST SHORE - STE 110
CITY-ST-ZIP	TAMPA, FL 33607
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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]* **DATE** 2/26/01 **Daytime Phone #** (813) 286-7644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (1/1/00)