

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004336 AV

DOCUMENT # A00000001383

1. Entity Name
HP STAR III, LTD.



FILED
03 MAY -1 PM 6:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
777 SOUTH HARBOUR ISLAND BOULEVARD, #877
TAMPA FL 33602

Mailing Address
777 SOUTH HARBOUR ISLAND BOULEVARD, #877
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3670966**

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

~~HARROD, GARY W~~
777 SOUTH HARBOUR ISLAND BOULEVARD, #877
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

000017803600
05/01/03--01023--021 ***141,25

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. **\$2,970.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P99000053657**
NAME **HARROD DEVELOPMENT, INC.**
STREET ADDRESS **777 SOUTH HARBOUR ISLAND BOULEVARD, #877**
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)