

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001387

0247

1. Entity Name

951 GLENWOOD CAPITAL, LTD.

Principal Place of Business

4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

Mailing Address

4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMEURCO MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
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.

\$3,500,000.00

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	P00000071400 EURO 951 GLENWOOD, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607	STREET ADDRESS CITY-ST-ZIP	
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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 920, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

(83)

3/26/01 353-8800

Date

Daytime Phone #

CR2E003 (11/00)

0008259  
AF