

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004395  
AV

DOCUMENT # A00000001387

1. Entity Name

951 GLENWOOD CAPITAL, LTD.

FILED

02 APR 19 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

Mailing Address

4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

2. Principal Place of Business

4300 W. Cypress Street  
Suite 1075  
Tampa, FL 33607

3. Mailing Address

Suite 4300 W. Cypress Street  
Suite 1075  
City Tampa, FL 33607

DUE BY MAY 1, 2002

4. FEI Number

59-3666750

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

AMEURCO MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street

4300 W. Cypress Street, Suite 1075  
Tampa, FL 33607

City

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.

BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

APR 4 2002

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

DOCUMENT # P00000071400  
NAME EURO 951 GLENWOOD, INC.  
STREET ADDRESS 4350 WEST CYPRESS STREET, SUITE 250  
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4300 W. Cypress Street  
Suite 1075  
CITY-ST-ZIP Tampa, FL 33607

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 100005419851--9  
CITY-ST-ZIP 05/02/02-01021-004  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

APR 4 2002

813-353-8800

Date

Daytime Phone #

CR2E003 (9/01)