

2002 UNIFORM BUSINESS REPORT (UBR)

000495 AV

DOCUMENT # A00000001985

1. Entity Name

LATTA CAPITAL, LTD.

Principal Place of Business

4350 WEST CYPRESS STREET, SUITE 250
C/O EURO AMERICAN MANAGEMENT, INC.
TAMPA FL 33607

Mailing Address

4350 WEST CYPRESS STREET, SUITE 250
C/O EURO AMERICAN MANAGEMENT, INC.
TAMPA FL 33607

FILED

02 APR 19 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

4300 W. Cypress Street
Suite 1075
Tampa, FL 33607

4300 W. Cypress Street
Suite 1075
Tampa, FL 33607

DUE BY MAY 1, 2002

4. FEI Number

59-3698407

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

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

Name

Street

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

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

BRUCE D. BUDGE
EXECUTIVE VICE PRESIDENT

APR 4 2002

DATE

9. Capital Contributions
as Shown on record.

\$5,125,000.00

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 # P00000115921
NAME EURO LATTA, INC.
STREET ADDRESS 4350 WEST CYPRESS STREET, SUITE 250
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

4300 W. Cypress Street
Suite 1075
Tampa, FL 33607

CITY-ST-ZIP

AL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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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. BUDGE
EXECUTIVE VICE PRESIDENT

APR 4 2002

813-353-8800

Date

Daytime Phone #

CR2E003 (9/01)