

2002 UNIFORM BUSINESS REPORT (UBR)

0012897 AT

DOCUMENT # A01000001196

1. Entity Name
BREDEL REALTY LIMITED PARTNERSHIP

FILED FILED

2002 MAY - 8 PM 1:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
2736 MCCORMICK DRIVE, SUITE 102
CLEARWATER FL 33759

Mailing Address
% TEMPLE H. DRUMMOND, ESQ.
PO BOX 3273
TAMPA FL 33601-3273

2. Principal Place of Business
2637 McCormick Dr.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
City

Zip
33759

Country

DUE BY MAY 1, 2002

4. FEI Number
59-3749488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DRUMMOND, TEMPLE H ESQ.
100 S. ASHLEY DRIVE, SUITE 1500
TAMPA FL 33602

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$9,900.00

10. Amount of Capital Contributions in FLORIDA to date. \$ 0

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 # | P01000055878 | STREET ADDRESS | |
| NAME | BREDEL HOLDINGS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 2637 MCCORMICK DR., #103 | | |
| CITY-ST-ZIP | CLEARWATER FL 33759 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | 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: *John L. Coates* **4/29/02** **727-069-4522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Date** **Daytime Phone #**

CR2E003 (9/01)