

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02000000847**

1. Entity Name
FLHBO I, LLLP.



APPROVED
AND
FILED

03 JUN 11 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**% HARROD PROPERTIES, INC.
777 SOUTH HARBOUR ISLAND BLVD., SUITE 877
TAMPA FL 33602**

Mailing Address
**% HARROD PROPERTIES, INC.
777 SOUTH HARBOUR ISLAND BLVD., SUITE 877
TAMPA FL 33602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1418464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARROD, GARY-W

777 SOUTH HARBOUR ISLAND BLVD., SUITE 877

TAMPA FL 33602

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. 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.

\$1,532,000.00

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 # **L02000015321**
NAME **HARROD-BLAUVELT-OKUN, LLC**
STREET ADDRESS **777 SOUTH HARBOUR ISLAND BLVD., SUITE 877**
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

000017803110

05/01/03 01023 014 *\$526.25

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6-9-03 813-229-1500
Date Daytime Phone #

CR2E003 (10/02)

0004403 AV