

2000 UNIFORM BUSINESS REPORT (UBR)

0018640 AF

DOCUMENT # **A14275**

1. Entity Name
HENDRY INVESTMENTS, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:55



RMJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**402 EAST RAMSEY
SAN ANTONIO TX 78216**

Mailing Address
**402 EAST RAMSEY
SAN ANTONIO TX 78216-4637**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-2168054**

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

**KELLY, PETER J
501 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

Name **Peter J. Kelly**

Street Address (P.O. Box Number is Not Acceptable)
201 North Franklin, #2200

City **Tampa** **FL** Zip Code **33602**

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 (NOTE: Registered Agent signature required when reinstating) DATE **3-22-00**

9. Capital Contributions as Shown on record. **\$9,000.00**

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 # **F93000004111**

NAME **HENDRY INVESTMENTS, INC.**

STREET ADDRESS **402 EAST RAMSEY**

CITY - ST - ZIP **SAN ANTONIO TX 78216**

STREET ADDRESS **700003207067--7**

CITY - ST - ZIP **-04/13/00--01048--001**
*****151.75 ***151.75**

DOCUMENT #

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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 620, Florida Statutes

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-31-00

210/341-2227

Date

Daytime Phone #

CR2E003 (9/99)