

2001 UNIFORM BUSINESS REPORT (UBR)

0009631 AF

DOCUMENT # **A16159**

1. Entity Name

TAMPA I-75, LTD.

FILED

01 MAR 26 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5445 MARINER ST #104
TAMPA FL 33609-3415**

Mailing Address

**5445 MARINER ST #104
TAMPA FL 33609-3415**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2346305**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**IRVING, PETER
5445 MARINER ST #104
TAMPA FL 33609-3415**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$2,585,700.00

10. Amount of Capital Contributions in FLORIDA to date.

\$1,290,946

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 #
NAME **BAXTER, GEORGE J.**
STREET ADDRESS **5005 SAN JOSE DR**
CITY-ST-ZIP **TAMPA FL**

DOCUMENT #
NAME **IRVING, PETER**
STREET ADDRESS **14900 GULF BLVD. #402**
CITY-ST-ZIP **MADEIRA BCH FL**

DOCUMENT #
NAME **KERR, ROBERT S. JR.**
STREET ADDRESS **12501 N MARY AVE.**
CITY-ST-ZIP **OKLAHOMA CITY OK**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
2000003953612--1
-04703701--01074--018
******526.25 ****526.25**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: **Peter Irving, Gen. Pfr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

813-282-1873

Daytime Phone #

CR2E003 (11/00)