

# 2001 UNIFORM BUSINESS REPORT (UBR)


0018979 AB

**DOCUMENT # A16518**

1. Entity Name

TAMPA BAY BRIARWOOD ASSOCIATES, LTD.

**FILED**  
 01 MAR -5- PM 1:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: 2770 ROOSEVELT BLVD. CLEARWATER FL 34620  
 Mailing Address: 2300 20TH ST. GULFPORT MS 39501-2980

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2391015** Applied For Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

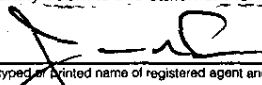
6. Name and Address of Current Registered Agent

ELLIS, JOHN C JR.  
 1105 WILLOWOOD CIRCLE  
 GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name: **James N. Powell**  
 Street Address (P.O. Box Number is Not Acceptable): **One Progress Plaza, Suite 1210**  
 City: **St. Petersburg** FL Zip Code: **33701**

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: **2-1-01**

9. Capital Contributions as Shown on record: **\$3,450,100.00**

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 # **G95333900059**  
 NAME **EQUITY INVESTMENTS ASSOCIATES-B**  
 STREET ADDRESS **2300 20TH ST.**  
 CITY-ST-ZIP **GULFPORT MS 39501**

STREET ADDRESS  
 CITY-ST-ZIP **500003818955-6**  
**-03/08/01--01042--015**  
**\*\*\*526.25 \*\*\*526.25**

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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:  DATE: **2/12/01** (228) 594.0129 DAYTIME PHONE #

CR2E003 (11/00)