

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020116 AB

**DOCUMENT # A16518**  
 1. Entity Name  
**TAMPA BAY BRIARWOOD ASSOCIATES, LTD.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

02 APR 15



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.

**DUE BY MAY 1, 2002**

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**

**6. Name and Address of Current Registered Agent**  
**POWELL, JAMES N**  
**ONE PROGRESS PLAZA, SUITE 1210**  
**ST. PETERSBURG FL 33701**

**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. **\$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 |  |
|---------------------------------|--|
| DOCUMENT #                      | <b>G95333900059</b>                    |
| NAME                            | <b>EQUITY INVESTMENTS ASSOCIATES-B</b> |
| STREET ADDRESS                  | <b>2300 20TH ST.</b>                   |
| CITY-ST-ZIP                     | <b>GULFPORT MS 39501</b>               |
| 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              |                              |
| STREET ADDRESS           | <b>AL 17</b>                 |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>300005289879--9</b>       |
| CITY-ST-ZIP              | <b>-04/17/02--01064--010</b> |
| STREET ADDRESS           | <b>***526.25 ***526.25</b>   |
| 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: *Charles F. McDevonas* **CHARLES F. McDEVONAS** 4/05/02 228.594.0129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone

CF2E003 (9/01)