

2002 UNIFORM BUSINESS REPORT (UBR)

0013192 AT

DOCUMENT # **A17624**

1. Entity Name

TAMPA 301, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 15

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

3. Mailing Address

Suite, Apt. #, etc.

5445 Mariner St. #110

City & State

Tampa, FL

Suite, Apt. #, etc.

5445 Mariner St. #110

City & State

Tampa, FL

DUE BY MAY 1, 2002

4. FEI Number

59-2439136

Applied For

Not Applicable

Zip

Country

33609-3415

USA

Zip

Country

33609-3415

USA

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

IRVING, PETER

5445 MARINER ST #104

TAMPA FL 33609-3415

Name

Street Address (P.O. Box Number is Not Acceptable)

5445 Mariner ST. #110

City Tampa,

FL

Zip Code

33609-3415

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

Peter Irving

Peter Irving, GEN. PTR.

4/12/02

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

DATE

9. Capital Contributions
as Shown on record.

\$5,375,550.00

10. Amount of Capital Contributions
in FLORIDA to date.

3,728,970

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

BAXTER, GEORGE J.

5005 SAN JOSE ST

TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

4963 Bacopa Lane So. Apt 803

St. Petersburg, FL 33715

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

IRVING, PETER

14900 GULF BLVD #402

MEDEIRA BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter Irving, GEN. PTR.

4-12-02

813-282-1873

Date

Daytime Phone #

CR2E003 (9/01)