

2001 UNIFORM BUSINESS REPORT (UBR)

0009554 AF

DOCUMENT # **A22165**

1. Entity Name

COLUMBUS WAREHOUSES, LTD.

Principal Place of Business

**3750 GUNN HWY. SUITE 3A
TAMPA FL 33624**

Mailing Address

**3750 GUNN HWY. SUITE 3A
TAMPA FL 33624**

FILED

01 JAN 22 PM 12:33

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

2. Principal Place of Business

**5680-A W. CYPRESS ST.
Suite, Apt. #, etc.**

3. Mailing Address

**5680-A W. CYPRESS ST.
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-2647705

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LACKEY, GEORGE W.
3750 GUNN HWY, SUITE 3A
TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name

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

5680-A W. CYPRESS ST.

City

Tampa

FL

Zip Code

33607

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)

9. Capital Contributions
as Shown on record.

\$640,000.00

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

DOCUMENT # **G47759**
NAME **W.L. BEACH PROPERTIES**
STREET ADDRESS **3750 GUNN HWY, SUITE 3A**
CITY-ST-ZIP **TAMPA FL 33624**

DOCUMENT # **LACKEY, GEORGE W.**
NAME **3750 GUNN HWY, SUITE 3A**
STREET ADDRESS **TAMPA FL 33624**
CITY-ST-ZIP

DOCUMENT # **BITTMAN, CHRIS**
NAME **18816 RUE LOIRE**
STREET ADDRESS **LUTZ FL**
CITY-ST-ZIP

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED
W. Lackey

Date

Daytime Phone #

CR2E003 (11/00)