

2001 UNIFORM BUSINESS REPORT (UBR)

000862 AF

DOCUMENT # **A23934**

1. Entity Name

MAIN STREET, LTD.

FILED

01 MAY -1 PM 12:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4830 W. KENNEDY BLVD.
SUITE 740, ONE URBAN CENTER
TAMPA FL 33609**

**4830 W. KENNEDY BLVD.
SUITE 740, ONE URBAN CENTER
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

4890 W. Kennedy Boulevard

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.
Suite #850

Suite, Apt. #, etc.
Suite #850

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number

59-2761634

Applied For

Not Applicable

Zip **33609-1863**

Country **USA**

Zip **33609-1863**

Country **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

**BRAY, JACK H.
4830 W. KENNEDY BLVD.
#740
TAMPA FL 33609**

Name

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

4890 W. Kennedy Boulevard

Suite #850

City

Tampa

FL

Zip Code
33609-1863

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$866,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

866,000.

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 # **J47194**
NAME **RICHLAND PROPERTIES, INC**
STREET ADDRESS **4830 W. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS **4890 W. Kennedy Blvd., #850**
CITY-ST-ZIP **Tampa, Florida 33609-1863**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

REQUIRE

Samuel K. Ross

4-25-2001

Date

813.286.4140

Daytime Phone #

CR2E003 (11/00)