

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24400**

1. Entity Name

BARTOW ROD & REEL ASSOCIATES, LTD.

FILED

02 JAN 14 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BJH



Principal Place of Business
**1900 THE EXCHANGE, SUITE 180
ATLANTA GA 30339**

Mailing Address
**1900 THE EXCHANGE, SUITE 180
ATLANTA GA 30339**

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 **58-1771966**

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. **\$99,800.65**

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 # **P14076**
NAME **HARDWOOD OF GEORGIA, INC**
STREET ADDRESS **1900 THE EXCHANGE, SUITE 180**
CITY-ST-ZIP **ATLANTA GA 30339**

STREET ADDRESS
CITY-ST-ZIP **000004790220--0
-01/22/02--01127--020**

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/11/02 (944) 472-8627
Date Daytime Phone #

CR2E003 (9/01)