

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25849**

1. Entity Name  
**TAMPA PLAZA IV COMPANY, LTD.**



**FILED**

03 MAR 10 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MJH**

Principal Place of Business  
**8214 WESTCHESTER, 9TH FLOOR  
DALLAS TX 75225**

Mailing Address  
**8214 WESTCHESTER, 9TH FLOOR  
DALLAS TX 75225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **75-2211253**

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

**BEARD, RICHARD A III  
100 N. TAMPA ST.  
SUITE 3475 2175  
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions  
as Shown on record. **\$62.50**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **COOPER, WILLIAM R.**  
STREET ADDRESS **10000 N. CENTRAL EXPWY., #1150**  
CITY-ST-ZIP **DALLAS TX 75231**

STREET ADDRESS **8214 WESTCHESTER, 9th FLOOR**  
CITY-ST-ZIP **DALLAS, TX 75225**

DOCUMENT #  
NAME **BEARD, RICHARD A., III**  
STREET ADDRESS **4417 BAYSHORE BLVD.**  
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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: **WILLIAM R. COOPER**

**William R. Cooper**  
**3/3/03 214/360-1830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE