

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26956**

1. Entity Name

CBL/PLANT CITY LIMITED PARTNERSHIP

Principal Place of Business

SUITE 300, ONE PARK PLACE.
6148 LEE HIGHWAY
CHATTANOOGA TN 37421-6511

Mailing Address

SUITE 300, ONE PARK PLACE.
6148 LEE HIGHWAY
CHATTANOOGA TN 37421-2994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

37421-6511

Country

USA

4. FEI Number

62-1364764

Applied For

Not Applicable

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

CBL/JACKSONVILLE, INC.

% LAKESHORE MALL

901 U.S. HIGHWAY 27 NORTH, SUITE 68

SEBRING FL 33870-2130

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **\$1,000.00**

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 # **B93000000411**
NAME **CBL & ASSOCIATES LIMITED PARTNERSHIP**
STREET ADDRESS **S-300, ONE PARK PLACE, 6148 LEE HWY.**
CITY - ST - ZIP **CHATTANOOGA TN**

STREET ADDRESS

CITY - ST - ZIP

CHATTANOOGA TN 37421-6511

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

CBL & Associates Limited Partnership
By CBL Holdings I, Inc.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gus Stephas

4/27/00

Date

423/855-0001

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE