

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 5 AB

DOCUMENT # **A27250**

1. Entity Name

TADD INVESTMENTS, LTD.

Principal Place of Business

**60004 BROOKSIDE DRIVE
AMORY MS 38821**

Mailing Address

**60004 BROOKSIDE DRIVE
AMORY MS 38821**

FILED

01 JAN 24 AM 10:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2912653

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FROMBERG, GROSS, SHORE & LEWIS, P.A.
2500 EAST HALLANDALE BEACH BOULEVARD
SUITE #800
HALLANDALE FL 33009**

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.

\$53,022.36

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 #
NAME **CHRISTOPHER, ROBERT B.**
STREET ADDRESS **60004 BROOKSIDE DRIVE**
CITY-ST-ZIP **AMORY MS 38821**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **CHRISTOPHER, SUSAN M.**
STREET ADDRESS **60004 BROOKSIDE DRIVE**
CITY-ST-ZIP **AMORY MS 38821**

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/2001

Date

Daytime Phone #

(662) 257-9958

CR2E003 (11/00)