2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 15

DOCUMENT # A27530

1. Entity Name

BLOOMINGDALE PROPERTY GENPART LIMITED PARTNERSHI
P

Principal Place of Business	Mailing Address
%J. BOB HUMPHRIES 501 E. KENNEDY BOULEVARD TAMPA FL 33602	%J. BOB HUMPHRIES 501 E. KENNEDY BOULEVARD TAMPA FL 33602

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 98-0104106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, CODY W ESQ.
FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER
501 EAST KENNEDY BOULEVARD #1700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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. **$198,389.00**

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 #	P22185	STREET ADDRESS	AL
NAME	BP 301 CORPORATION		
STREET ADDRESS	1250-24TH STREET, N.W.	CITY-ST-ZIP	
CITY-ST-ZIP	WASHINGOTN DC		
DOCUMENT #	F93000001525	STREET ADDRESS	900005294289--4
NAME	163767 CANADA, INC.		-04/19/02--01003--009
STREET ADDRESS	501 EAST KENNEDY BLVD.	CITY-ST-ZIP	****535.00 ****535.00
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (9/01)

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: A. W. ANDERSON 4/8/02 905-624-5065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #