

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008200 AF

**DOCUMENT #** A27531

**1. Entity Name**

**BLOOMINGDALE 301 LIMITED PARTNERSHIP**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

FILED  
01 APR 27 PM 3: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>Applied For</b>	
98-0104104		Not Applicable	
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>	
<input checked="" type="checkbox"/>			

**6. Name and Address of Current Registered Agent**

HUMPHRIES, J. BOB  
FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

**7. Name and Address of New Registered Agent**

Name  
Cody W. Waters, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
Fowler, White Law Firm  
501 E. Kennedy Blvd., #1700  
City Tampa FL Zip Code 33602

**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 *Cody Waters* (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. Capital Contributions as Shown on record.</b>	\$311,913.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	A27530	STREET ADDRESS	
NAME	BLOOMINGDALE PROPERTY GENPART LIMITED PART	CITY - ST - ZIP	
STREET ADDRESS	501 E. KENNEDY BLVD.		
CITY - ST - ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
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:** *Anderson* **SIGNATURE REQUIRED** **4.4.01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)