

2002 UNIFORM BUSINESS REPORT (UBR)

0004151 AV

DOCUMENT # **A27531**

1. Entity Name

BLOOMINGDALE 301 LIMITED PARTNERSHIP

FILED

02 APR 18 PM 12: 24

Principal Place of Business

**501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

Mailing Address

**501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

98-0104104

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

CODY W. WATERS, ESQ.

FOWLER WHITE GILLEN BOGGS VILLAREAL BANKER

501 E. KENNEDY BLVD., SUITE 1700

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$311,913.00

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 # **A27530**
NAME **BLOOMINGDALE PROPERTY GENPART LIMITED PART**
STREET ADDRESS **501 E. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED A. W. ANDERSON

Date

Daytime Phone #

4/8/02 905.624.5065

CR2E003 (9/01)