

2001 UNIFORM BUSINESS REPORT (UBR)

0009859 AF

DOCUMENT # **A28232**

1. Entity Name

ADC OF TAMPA LTD.

Principal Place of Business

**11303 CARROLLWOOD DRIVE
TAMPA FL 33618**

Mailing Address

**11303 CARROLLWOOD DRIVE
TAMPA FL 33618**

FILED
01 FEB -5 AM 11:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2973595**

Applied For

Not Applicable

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

MATTES, FRANK, III
13901 BRUCE B DOWNS BOULEVARD
TAMPA FL 33613

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. **\$2,009,000.00**

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 #
NAME **TEDONE, VINCENT M**
STREET ADDRESS **13901 BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA FL 33613**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **TEDONE, HEDWIG J**
STREET ADDRESS **13901 BRUCE B. DOWNS BLVD.**
CITY-ST-ZIP **TAMPA FL 33613**

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

Date

Daytime Phone #

1-2-01 (813) 935-2748

CR2E003 (11/00)