

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28444**

1. Entity Name

CBL/BARTOW LIMITED PARTNERSHIP

Principal Place of Business

**SUITE 300, ONE PARK PLACE
6148 LEE HIGHWAY
CHATTANOOGA TN 37421-6511**

Mailing Address

**SUITE 300, ONE PARK PLACE
6148 LEE HIGHWAY
CHATTANOOGA TN 37421-6511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

4. FEI Number

62-1403910

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

CBL/JACKSONVILLE, INC.

% LAKESHORE MALL

901 U.S. HIGHWAY 27 NORTH, SUITE 68

SEBRING FL 33870-2130

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

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions

in FLORIDA to date. **\$1,000.00**

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 # **B93000000411**
NAME **CBL & ASSOCIATES LIMITED PARTNERSHIP**
STREET ADDRESS **S-300, ONE PARK PLACE, 6148 LEW HWY.**
CITY-ST-ZIP **CHATTANOOGA TN 37421-6511**

STREET ADDRESS

CITY-ST-ZIP

700004275717--2

05/22/01 01030 014

******141.25 ****141.25**

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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

CBL Holdings, Inc., GP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Gus Stephas

Sr VP/Controller

4/18/01

Date

(423)855-0001

Daytime Phone #

CR2E003 (11/00)

0016267 AF

APPROVED
AND
FILED

01 MAY -1 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE