

2001 UNIFORM BUSINESS REPORT (UBR)

0014704 AF

DOCUMENT # **A28585**

1. Entity Name

PALMS CORRIDOR, LTD.

FILED

01 MAY -1 PM 5: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% RELIAN CORP.
13905 CARROLLWOOD VILLAGE RUN
TAMPA FL 33624

Mailing Address

% RELIANT CORP
PO BOX 271347
TAMPA FL 33688-1347



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3816 W. Linebaugh Ave Suite 105

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

33624

Country

USA

Country

4. FEI Number

59-2975719

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

PHILLIPS, GEORGE W.
8001 NORTH DALE MABRY
SUITE 401A
TAMPA FL 33614

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.

\$640,000.00

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 # **S16911**
NAME **MP OF TAMPA, INC.**
STREET ADDRESS **11015 N. DALD MABRY HWY.**
CITY-ST-ZIP **TAMPA FL 33618**

STREET ADDRESS **40 RELIANT CORP**
3816 W. Linebaugh Ave Suite 105
CITY-ST-ZIP **Tampa FL 33624**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Thomas J Murphy

Date

4/23/01

Daytime Phone #

813 960-9304

CR2E003 (11/00)