

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 17 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0021090  
SP

**DOCUMENT # A31191**

1. Entity Name  
**C-CHILDRESS-HARROD, LTD.**

Principal Place of Business <b>777 S HAROUR ISL BLVD SUITE 877 TAMPA FL 33602</b>	Mailing Address <b>777 S HAROUR ISL BLVD SUITE 877 TAMPA FL 33602</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

4. FEI Number <b>56-1723449</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

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

**HARROD, GARY W.  
777 S HARBOUR ISL BLVD  
SUITE 877  
TAMPA FL 33602**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$10.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>CHILDRESS, J. DONALD 999 PEACHTREE ST.NE ATLANTA GA 30309</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>HARROD, GARY W. 777 S HARBOUR ISLAND TAMPA FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>900005312279--3</b>
CITY-ST-ZIP	<b>-04/22/02--01029--014 ****141.25 ****141.25</b>
STREET ADDRESS	
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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-15-02**

Date Daytime Phone #

CR2E003 (9/01)