

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009105 AF

DOCUMENT # **A31192**

1. Entity Name

**C-CHILDRESS-HARROD #1, LTD.**

**FILED**

01 APR 16 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA FL 33602</b>	Mailing Address <b>777 S. HARBOUR ISLAND BLVD SUITE 877 TAMPA FL 33602</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>56-1723450</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARROD, GARY W.  
777 S. HARBOUR ISLAND BLVD  
SUITE 877  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$10.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	CHILDRESS, J. DONALD		
STREET ADDRESS	999 PEACHTREE STREET NE	CITY-ST-ZIP	
CITY-ST-ZIP	ATLANTA GA 30309		
DOCUMENT #	NAME	STREET ADDRESS	
	HARROD, GARY W.		
STREET ADDRESS	777 S. HARBOUR ISLD BLVD	CITY-ST-ZIP	<b>100004102361--4</b>
CITY-ST-ZIP	TAMPA FL		<b>-05/01/01--01066--022</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>****141.25 ****141.25</b>
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
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]* 4-11-01 813-229-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)