

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNUBR 02/01 A1

**DOCUMENT # A31270**

1. Entity Name

**THE HOUR GLASS OF ALBANY, LTD.**

FILED

02 FEB 25 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1415 TIMBERLANE ROAD  
TALLAHASSEE FL 32312

Mailing Address

1415 TIMBERLANE ROAD  
TALLAHASSEE FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number

59-2888962

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STEPHENS, JAMES A.  
1415 TIMBERLANE ROAD  
TALLAHASSEE FL 32312**

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.

DATE

9. Capital Contributions as Shown on record.

**\$125,000.00**

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 # **K07801**  
NAME **HOUR GLASS MGMT., INC.**  
STREET ADDRESS **1415 TIMBERLANE ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL**

STREET ADDRESS

CITY-ST-ZIP

**300005033093--2**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-03/04/02--01003--006**

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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 #

CR2E003 (9/01)