

2001 UNIFORM BUSINESS REPORT (UBR)

UBR AF

DOCUMENT # **A93000001434**

1. Entity Name

1300 METRO, LTD.

Principal Place of Business

**1300 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 14019
TALLAHASSEE FL 32317**

FILED

01 APR 16 PM 12:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3154341

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

NOBLIN, MILLARD J

**1300 METROPOLITAN BOULEVARD
TALLAHASSEE FL 32308**

Name

MILLARD J. NOBLIN

Street Address (P.O. Box Number is Not Acceptable)

1815 MICCOSUKEE COMMONS DR, SUITE 100

City

TALLAHASSEE

FL

Zip Code

32308

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/01

DATE

9. Capital Contributions
as Shown on record.

\$1,100,000.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NOBLIN, MILLARD J
1300 METROPOLITAN BLVD.
TALLAHASSEE FL 32308**

STREET ADDRESS
CITY-ST-ZIP
**1815 MICCOSUKEE COMMONS DR, SUITE 100
TALLAHASSEE, FL 32308**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
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DOCUMENT #
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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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/01

Date

(850) 385-1400

Daytime Phone #

CR2E003 (11/00)