

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0019488 AB

DOCUMENT # **A94000001433**

1. Entity Name

HARDULA S.C. COMPANY, LTD.

02 APR 17 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O SOUTHERN MANAGEMENT & DEV. L.P.
5410 HOMBERG DR
KNOXVILLE TN 37919**

Mailing Address
**C/O SOUTHERN MANAGEMENT & DEV. L.P.
5410 HOMBERG DR
KNOXVILLE TN 37919**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 11229
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Knoxville, TN

4. FEI Number **59-3584584** Applied For
Not Applicable

Zip **37939** Country **USA**

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

**WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205**

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. **\$7,500.00**

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 #	P94000078687	STREET ADDRESS	
NAME	WAULEE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	550 MAMARONECK AVENUE, SUITE 404		
CITY-ST-ZIP	HARRISON NY 10528		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500005313525--2
STREET ADDRESS			-04/22/02--01070--022
CITY-ST-ZIP			***141.25 ***141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:

BERNARD H. KAYDEN

3/6/02

865-584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)