

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000194**

1. Entity Name

**ARGYLE VILLAGE SQUARE SHOPPING CENTER LIMITED PARTNERSHIP**

Principal Place of Business

**C/O EURO AMERICAN MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607**

Mailing Address

**C/O EURO AMERICAN MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607**

2. Principal Place of Business

Suite **4300 W. Cypress Street  
Suite 1075**  
City **Tampa, FL 33607**

3. Mailing Address

Suite **4300 W. Cypress Street  
Suite 1075**  
City **Tampa, FL 33607**

Zip

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Zip

Country

**FILED**  
**02 APR 19 PM 4:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DUE BY MAY 1, 2002**

4. FEI Number **65-0559523**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMEURCO MANAGEMENT, INC.  
4350 W. CYPRESS, SUITE 250  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name  
Street **4300 W. Cypress Street, Suite 1075**  
City **Tampa, FL 33607**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE

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

**BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT**

**APR 4 2002**

DATE

9. Capital Contributions as Shown on record.

**\$5,600,100.00**

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

DOCUMENT # **P95000002092**  
NAME **EURO VII, INC.**  
STREET ADDRESS **4350 W. CYPRESS, SUITE 250**  
CITY-ST-ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4300 W. Cypress Street  
Suite 1075**  
CITY-ST-ZIP **Tampa, FL 33607**

**AL1**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT**

**APR 4 2002 813-353-8800**

Date Daytime Phone #

0004522 AV

CR2E003 (9/01)