

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000413 AV

DOCUMENT # **A95000000868**

1. Entity Name  
**WORLD TRADE CENTER TPA, LTD.**



**FILED**

**03 APR 29 AM 8:35**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**



Principal Place of Business  
**1101 CHANNELSIDE DRIVE  
TAMPA FL 33602**

Mailing Address  
**1101 CHANNELSIDE DRIVE  
TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3420502**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIERLEY, JOHN C  
100 NORTH TAMPA STREET, SUITE 2120  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P95000043949**  
NAME **WORLD TRADE CENTER GTPA, INC.**  
STREET ADDRESS **1101 CHANNELSIDE DRIVE**  
CITY-ST-ZIP **TAMPA FL 33602**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200017324502**  
**04/29/03--01083--012 \*\*141.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)

**SIGNATURE REQUIRED**  
**Pres., WTC-GTPA Inc.**  
**April 24, 2003**  
**(813) 226-1875**