

2001 UNIFORM BUSINESS REPORT (UBR)

0001982 AF

DOCUMENT # **A97000001208**

1. Entity Name

HRD1, LTD.

Principal Place of Business

**749 NORTH GARLAND AVE., SUITE 104
ORLANDO FL 32801**

Mailing Address

**749 NORTH GARLAND AVE., SUITE 104
ORLANDO FL 32801**

FILED

01 FEB 13 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1321 EDGEWATER DR.

Suite, Apt. #, etc.

SUITE 6

City & State

ORLANDO, FL

Zip

32804

Country

USA

3. Mailing Address

PO BOX 1133

Suite, Apt. #, etc.

3

City & State

ORLANDO FL

Zip

32802-1133

Country

USA

4. FEI Number

59-3433765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, RAYMOND D
749 NORTH GARLAND AVE., SUITE 104
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

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

DOCUMENT #
NAME **HARRISON, RAYMOND D**
STREET ADDRESS **749 NORTH GARLAND AVE., SUITE 104**
CITY-ST-ZIP **ORLANDO FL 32801**

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CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1321 EDGEWATER DRIVE SUITE 6

CITY-ST-ZIP

ORLANDO, FL 32804

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
RAYMOND D. HARRISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/01
Date

407 422 4467
Daytime Phone #

CR2E003 (11/00)