

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A97000001208**

1. Entity Name
HRD1, LTD.

FILED

2002 APR 30 AM 8:27

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



Principal Place of Business 1321 EDGEWATER DR., STE. #6 ORLANDO FL 32804	Mailing Address P.O. BOX 1133 ORLANDO FL 32802-1133
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002	
4. FEI Number 59-3433765	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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)
1321 EDGEWATER DR. SUITE 6
City **ORLANDO** FL Zip Code **32804**

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 *Raymond D. Harrison* **RAYMOND D. HARRISON, General Partner** 1/7/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$200,000.00	10. Amount of Capital Contributions in FLORIDA to date. 285,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	HARRISON, RAYMOND D 1321 EDGEWATER DR., STE. #6 ORLANDO FL 32804	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	400005597194--5 -05/22/02--01032--002 ***1121.25 ***526.25
		STREET ADDRESS	
		CITY-ST-ZIP	FF \$526.25
		STREET ADDRESS	
		CITY-ST-ZIP	
		STREET ADDRESS	
		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: *Raymond D. Harrison* **RAYMOND D. HARRISON** 1/7/02 4044224467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)