

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009653 AF

**DOCUMENT # A97000001606**  
 1. Entity Name  
**PARKWAY I, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 17 AM 11:43 *mg*

Principal Place of Business: 15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613  
 Mailing Address: 15436 N. FLORIDA AVE., SUITE 101 TAMPA FL 33613-1225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State  
 3. Mailing Address: Suite, Apt. #, etc. City & State  
 4. FEI Number: 59-3459104 Applied For: Not Applicable

6. Name and Address of Current Registered Agent  
**MYERS, W. PARKINSON  
 AMNED PROPERTIES, INC.  
 13902 N. DALE MABRY HWY, SUITE 165  
 TAMPA FL 33618**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): 15436 N. Florida Ave., Suite 101  
 City: Tampa FL Zip Code: 33613

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$250,000.00**  
 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 #	P96000061974
NAME	CORO INVESTMENTS OF HILLSBOROUGH COUNTY, IN
STREET ADDRESS	13902 N. DALE MABRY HWY, SUITE 165
CITY - ST - ZIP	TAMPA FL 33618
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	15436 N. Florida Ave., Suite 101
CITY - ST - ZIP	Tampa, FL 33613
STREET ADDRESS	<del>XXXXXXXXXXXXXXXXXXXX</del>
CITY - ST - ZIP	<del>XXXXXXXXXX</del>
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: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: 4/16/00 Daytime Phone #: (813) 960-1006

CR2E003 (9/99)