

2001 UNIFORM BUSINESS REPORT (UBR)

0014645 AF

DOCUMENT # **A97000002708**

1. Entity Name

HARBOUR VILLAGE SHOPPING CENTER, LTD.

FILED

01 FEB -5 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

8720 THORNWOOD LANE
TAMPA FL 33607

Mailing Address

8720 THORNWOOD LANE
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. *SAME*

Suite, Apt. #, etc. *SAME*

City & State

City & State

Zip

33615

Country

Zip

33615

Country

4. FEI Number

06-1502991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RELIN, DAVID S
8720 THORNWOOD LANE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) *SAME*

City

33615

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.

\$17,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

17,000

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 # **P97000018362**
NAME **HIGHLAND LAKES SQUARE, INC.**
STREET ADDRESS **8720 THORNWOOD LANE**
CITY-ST-ZIP **TAMPA FL 33607**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

SAME

CITY-ST-ZIP

33615

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800003676058

02/13/01-01/06-007
*******201.75 *****201.75**

DOCUMENT #

NAME

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRZE003 (11/00)