

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000194

1. Entity Name

BAY HARBOUR 98-1, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 14 AM 8:36



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business
777 S. HARBOUR ISLAND BLVD., SUITE 270
TAMPA FL 33602

Mailing Address
C/O BAY HARBOUR INVESTMENTS, INC.
P.O. BOX 418
TAMPA FL 33601-0418

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

54-3483507

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAY HARBOUR INVESTMENTS, INC.
777 S. HARBOUR ISLAND BLVD., SUITE 270
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.

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.

\$4,080,145.00

10. Amount of Capital Contributions in FLORIDA to date.

5,389,682

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

13. ADDRESS CHANGES ONLY

DOCUMENT # K74619
NAME BAY HARBOUR INVESTMENTS, INC.
STREET ADDRESS 777 S. HARBOUR ISLAND BLVD., SUITE 270
CITY - ST - ZIP TAMPA FL 33602

STREET ADDRESS

CITY - ST - ZIP

200003211602--0

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NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

-04/17/00--01129--024
*****2285.00 ***535.00**

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FF \$526.25
CUS 8.75

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)