

A 98000001348

1223 Overcash Drive
Dunedin, FL 34698

City/State/Zip

Phone #

100005072411--0

-03/08/02--01004--025

*****52.50 *****52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BARCLAY GROUP NO. 13, LIMITED
(Corporation Name) (Document #)
2. A98-1348
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

02 MAR -8 AM 10:47

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W 3/11

FF \$52.50

3p

Examiner's Initials

CERTIFICATE OF CANCELLATION
FOR

Barclay Group No. 13, Limited
(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,
whose certificate was filed with the Florida Department of State on June 1, 1998,
hereby submit this certificate of cancellation.

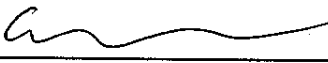
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Business is complete.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR - 8 AM 10:48

SECOND: This certificate of cancellation shall be effective at the time of its filing with the
Florida Department of State.

THIRD: Signatures of all general partners:


Elizabeth Hofmeister
for Oregon Properties, Inc.
the sole gen partner
727-733-7585

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001348**

1. Entity Name

BARCLAY GROUP NO. 13, LIMITED PARTNERSHIP

Principal Place of Business

% BARCLAY GROUP
1123 OVERCASH DRIVE
DUNEDIN FL 34698

Mailing Address

% BARCLAY GROUP
1123 OVERCASH DRIVE
DUNEDIN FL 34698



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3513511

Applied For

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

HUDOBA, STEPHEN M
101 EAST KENNEDY BLVD., SUITE 3700
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

DATE

9. Capital Contributions
as Shown on record.

\$100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **J14545**
NAME **OREGON PROPERTIES, INC.**
STREET ADDRESS **1123 OVERCASH DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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: **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE