

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** A98000001507

**1. Entity Name**  
MURRAY INVESTMENTS, LTD.

**Principal Place of Business**  
5301 WEST CYPRESS STREET, SUITE 202  
TAMPA FL 33607

**Mailing Address**  
5301 WEST CYPRESS STREET, SUITE 202  
TAMPA FL 33607

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
Suite 202  
City & State


**3. Mailing Address**  
Suite, Apt. #, etc.  
Suite 202  
City & State

**Zip** **Country** **Zip** **Country**

**FILED**

01 FEB 19 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3518073 **Applied For** ☐ **Not Applicable** ☐

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
MURRAY, RAYMOND E  
5301 WEST CYPRESS STREET, SUITE 202  
TAMPA FL 33607

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite 202  
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.** \$5,000,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** 1,100,000 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000015149	STREET ADDRESS	Suite 202
NAME	SUGAR POP, INC.	CITY-ST-ZIP	
STREET ADDRESS	5301 WEST CYPRESS STREET, SUITE 202	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	200003746352--6
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	-02/21/01--01119--021
STREET ADDRESS		STREET ADDRESS	****526.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 E. Murray, President, Sugarpop Inc., G.P.* 244-00 **813-287-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)