

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002659**

1. Entity Name

HCA AUBURNDALE, LTD.

Principal Place of Business

**705 WEST AZEELE STREET
TAMPA FL 33606**

Mailing Address

**C/O PARKER, 1140 ALLSTATE PKWY. STE. 502
MARKHAM, ONTARIO
CANADA L3R5Y8
ON**

2. Principal Place of Business

3. Mailing Address

250 WEST BEAVER CREEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

RICHMOND HILL ON

Zip

Country

Zip

Country

L4B1C7

CANADA

FILED

01 FEB 27 AM 9:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

98-0208659

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

COHN, VANESSA N

**705 WEST AZEELE STREET
TAMPA FL 33606**

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.

\$425,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000039601**
NAME **HAYMOR HOLDINGS, INC.**
STREET ADDRESS **140 ALLSTATE PARKWAY, SUITE 502**
CITY-ST-ZIP **MARKHAM, ONT., CANADA L3R5Y8**

STREET ADDRESS **250 West Beaver Creek Road, Suite 200**
CITY-ST-ZIP **Richmond Hill, Ontario, Canada L4B1C7**

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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

FEB 16 2001

Date

Daytime Phone #

905/764-0404

CR2E003 (11/00)