

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002662

1. Entity Name
ARMENIA OSBORNE, LTD.

FILED
May 02, 2000 8:00 am,
Secretary of State

Principal Place of Business
4427 WEST KENNEDY BLVD., SUITE 125
TAMPA FL 33609

Mailing Address
P.O. BOX 320342
TAMPA FL 33679-2342



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip **Country**

4. FEI Number 59-3544861 / **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
O'MALLEY, ANDREW M
C/O CAREY, O'MALLEY, WHITAKER & MANSON, PA
712 SOUTH OREGON AVENUE
TAMPA FL 33606

7. Name and Address of New Registered Agent
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. ~~\$106,000.00~~ **\$110,000.00** **10. Amount of Capital Contributions in FLORIDA to date.** **\$106,000** **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 #	P98000099992	STREET ADDRESS	
NAME	ARMENIA OSBORNE, INC.	CITY - ST - ZIP	
STREET ADDRESS	4427 WEST KENNEDY BLVD., SUITE 125		
CITY - ST - ZIP	TAMPA FL 33609		
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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]* **Hamilton As President of Armenia Osborne, Inc.** **4-24-00** **013-289-5511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)