

2001 UNIFORM BUSINESS REPORT (UBR)

0013879 AF

DOCUMENT # **A99000001745**

1. Entity Name
HD/RAD HILLSBOROUGH, LTD.

FILE FILED

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

Mailing Address
**P.O. BOX 320342
TAMPA FL 33679**

01 MAY 02 MAY -2 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3606024

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**O'MALLEY, ANDREW M
712 SOUTH ORANGE AVENUE
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.

\$120,000.00

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 # **P99000093877**
NAME **HD/RAD HILLSBOROUGH, INC.**
STREET ADDRESS **4427 WEST KENNEDY BLVD., SUITE 125**
CITY-ST-ZIP **TAMPA FL 33609**

STREET ADDRESS

500004301895--6

CITY-ST-ZIP

-05/23/01--01044--012

******526.25 ****526.25**

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Hamilton B. Hunt, Jr. as President of

4/27/01

Date

817/289-5511

Daytime Phone #

CR2E003 (11/00)