

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000397**

1. Entity Name

HARRINGTON, RIGHTER & PARSONS, L.P.

Principal Place of Business

C/O COX ENTERPRISES, CORPORATE TAX DEPT.
1400 LAKE HEARN DRIVE
ATLANTA GA 30319

Mailing Address

C/O COX ENTERPRISES, CORPORATE TAX DEPT.
1400 LAKE HEARN DRIVE
ATLANTA GA 30319

FILED

02 JUN 10 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

C/O Cox Enterprises, Corp. Tax Dept.
Suite, Apt. #, etc.
6205 Peachtree Dunwoody Road

City & State
ATLANTA, GA

Zip
30328

Country
USA

3. Mailing Address

C/O Cox Enterprises, Corp. Tax Dept.
Suite, Apt. #, etc.
6205 Peachtree Dunwoody Road

City & State
ATLANTA, GA

Zip
30328

Country
USA

DUE BY MAY 1, 2002

4. FEI Number
58-2129016

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

DATE

9. Capital Contributions
as Shown on record

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

100.

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

DOCUMENT # **F94000004855**
NAME **COX HRP, INC.**
STREET ADDRESS **1400 LAKE HEARN DRIVE**
CITY-ST-ZIP **ATLANTA GA 30319**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

6205 Peachtree Dunwoody Road
ATLANTA, GA 30328

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

5/6/02

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CR2E003 (9/01)

STAPLE CHECK HERE