

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

DOCUMENT # **B95000000137**

1. Entity Name

BUCCANEERS LIMITED PARTNERSHIP

02 JUN -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE BUCCANEER PLACE
TAMPA FL 33607**

Mailing Address

**ONE BUCCANEER PLACE
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0573539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN P. JENNEWIN
101 EAST KENNEDY BOULEVARD
SUITE 3700
TAMPA FL 33602-0000**

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.

\$70,000,000.00

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

DOCUMENT # **F95000001731**
NAME **TAMPA BAY BROADCASTING, INC.**
STREET ADDRESS **ONE BUCCANEER PLACE**
CITY-ST-ZIP **TAMPA FL 33607**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005693367--7
06/06/02--01012--013
******437.50 ****437.50**

700005693367--7
06/06/02--01012--012
*******88.75 *****88.75**

CR2E003 (9/01)

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:

Joe Glazer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/26/2002

(813) 870-2700

Date

Daytime Phone #