

2002 UNIFORM BUSINESS REPORT (UBR)

0014058 AT

DOCUMENT # B98000000243

1. Entity Name

TOWN 'N COUNTRY PLAZA, L.P.

FILED

02 MAR 26 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

27001 US HWY. 19 NORTH, SUITE 2095
CLEARWATER FL 33761

27001 US HWY. 19 NORTH, SUITE 2095
CLEARWATER FL 33761

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

76-0571508

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

LOREN M POLLACK

Street Address (P.O. Box Number is Not Acceptable)

27001 US HWY 19 N, SUITE 2095

City

CLEARWATER

FL

Zip Code
33761

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

By: *Loren M Pollack*

3/13/02

Signature, typed or printed name of registered agent and filer if applicable

DATE

9. Capital Contributions
as Shown on record.

\$4,198,000.00

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 # L01000019084
NAME TNCP, LLC
STREET ADDRESS 611 WEST BAY STREET
CITY-ST-ZIP TAMPA FL 33606

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # PSK, INC.
NAME
STREET ADDRESS 27001 US HWY. 19 NORTH, SUITE 2095
CITY-ST-ZIP CLEARWATER FL 33761

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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:

By: *Walter G. Long* Walter G. Long 3/13/02 727 796-1077

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND FILER

Date

Daytime Phone #

CR2E003 (9/01)

STAMP CHECK HERE