

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010468 AF

DOCUMENT # **A95000001082**

1. Entity Name

**GUGEL EAST COAST LIMITED PARTNERSHIP**

**FILED**

**01 MAY -2 PM 12:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6039 CYPRESS GARDENS BLVD. SUITE 244  
WINTER HAVEN FL 33884**

Mailing Address

**6039 CYPRESS GARDENS BLVD. SUITE 244  
WINTER HAVEN FL 33884**

2. Principal Place of Business

**3907 N. FEDERAL HWY**

3. Mailing Address

**3907 N. FEDERAL HWY**

Suite, Apt. #, etc.

**PMB-180**

Suite, Apt. #, etc.

**PMB 180**

City & State

**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

Zip

**33064**

Country

**BROWARD**

Zip

**33064**

Country

**BROWARD**

4. FEI Number

**59-3338746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUGEL MANAGEMENT CORP.**

**6039 CYPRESS GARDENS BLVD. SUITE 244  
WINTER HAVEN FL 33884**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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 # **P95000054570**  
NAME **GUGEL MANAGEMENT CORP.**  
STREET ADDRESS **6039 CYPRESS GARDENS**  
CITY-ST-ZIP **WINTER HAVEN FL 33884**

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STREET ADDRESS  
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

**000004303230--9  
-05/23/01--01119--012  
\*\*\*\*150.00 \*\*\*\*150.00**

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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)