

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000001847**

1. Entity Name  
**GATEWAY TO GAINESVILLE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 MAY -4 PM 1:33**

Principal Place of Business      Mailing Address  
3700 N.W. 91ST STREET, SUITE A-100      3700 N.W. 91ST STREET, SUITE A-100  
GAINESVILLE FL 32606      GAINESVILLE FL 32606-7306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3419529**      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

**HAUFLER, EUGENE B**  
3700 N.W. 91ST STREET, SUITE A-100  
GAINESVILLE FL 32606

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$3,500,000.00**      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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000074667</b> <b>THIRTY-NINTH AVENUE, INC.</b> <b>3700 N.W. 91ST STREET, SUITE A-100</b> <b>GAINESVILLE FL 32606</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>300003292503--1</b> <b>-06/15/00--01130--004</b> <b>*****526.25 -*****526.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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:** *Eugene Haufler* **EUGENE HAUFLER** **5/1/00** **376-3336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

1581-00-0000