

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001396**

1. Entity Name

HENNING (U.S.A.) VENTURES, LIMITED

Principal Place of Business

**2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES FL 33134-5222**

2. Principal Place of Business

12800 University Drive

3. Mailing Address

12800 University Drive

Suite, Apt. #, etc.
Suite 240

Suite, Apt. #, etc.
Suite 240

City & State

Ft. Myers, FL 33907

City & State

Ft. Myers, FL 33907

Zip

33907

Country

Zip

33907

Country

4. FEI Number

65-0687039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TRUXTON, GREGG S ESQUIRE
C/O BOLANOS, TRUXTON & YOUNGS, P.A.
2121 PONCE DE LEON BLVD., STE. 600
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

12800 University Drive, Suite 240

City

Ft. Myers

FL

Zip Code
33907

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$9,048,282.69

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 # **P96000061376**
NAME **HENNING FLORIDA INTERNATIONAL, INC.**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD., STE. 3400**
CITY - ST - ZIP **MIAMI FL 33131**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **12800 University Drive, Suite 240**

CITY - ST - ZIP **Ft. Myers, FL 33907**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/2000

Date

941/437-5421

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE