

2001 UNIFORM BUSINESS REPORT (UBR)

0014942 AF

DOCUMENT # A00000000079

1. Entity Name

HUBSCHMAN, LTD.

Principal Place of Business

50 DOLPHIN CIRCLE
ISLE OF CAPRI FL 34113

Mailing Address

50 DOLPHIN CIRCLE
ISLE OF CAPRI FL 34113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3619507

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

LAW, LESTER B ESQ.

5811 PELICAN BAY BLVD., SUITE 600
NAPLES FL 34108

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,000,000.

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000002581
NAME HUBSCHMAN, INC.
STREET ADDRESS 50 DOLPHIN CIRCLE
CITY-ST-ZIP ISLE OF CAPRI FL 34113

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

ADDRESS ONLY 100004193351--5

100004193351--5

05/10/01--01083--014
****526.25 ****526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CONNIE HUBSCHMAN, PRESIDENT OF GENERAL PARTNER 04/20/2001 (941) 774-1705

Date

Daytime Phone #

CR2E003 (11/00)

FILED
01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE