

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015095
AT

DOCUMENT # **A00000000079**

1. Entity Name

HUBSCHMAN, LTD.

02 APR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5811 Pelican Bay Blvd.

Suite, Apt. #, etc.
Ste 600

City & State
Naples, Florida

Zip
34108

Country

DUE BY MAY 1, 2002

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

**LAW, LESTER B ESQ.
5811 PELICAN BAY BLVD., SUITE 600
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
FOWLER WHITE MYERS KRAUSE *GN 312900278*
Street Address (P.O. Box Number is Not Acceptable)
5811 Pelican Bay Blvd.
Ste 600
City
Naples **FL** **34108**

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.

FOWLER WHITE MYERS KRAUSE

SIGNATURE By: *Andrew J. Krause*
Signature, typed or printed name of registered agent and title if applicable.

Its: **Managing Shareholder**
Andrew J. Krause

4/17-02
DATE

9. Capital Contributions
as Shown on record.

\$10,000,000.00

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

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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******526.25 ****526.25**

CR2E003 (9/01)

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

Connie Hubschman
CONNIE HUBSCHMAN **4/12/02** **239-394-7067**
Date Daytime Phone #