

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015253 AT

DOCUMENT # A00000000079

1. Entity Name
HUBSCHMAN, LTD.



FILED
03 APR 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJM

Principal Place of Business
50 DOLPHIN CIRCLE
ISLE OF CAPRI FL 34113

Mailing Address
5811 PELICAN BAY BLVD., STE. 600
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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

FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BLVD., SUITE 600
NAPLES FL 34108

Name
FOWLER WHITE BOGGS BANKER P.A.
Street Address (P.O. Box Number is Not Acceptable)
5811 PELICAN BAY BOULEVARD
SUITE 600
City
NAPLES FL Zip Code
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. I am familiar with, and accept the obligations of registered agent, FOWLER WHITE BOGGS BANKER P.A.

SIGNATURE *Sean L. Sewald*
Signature, typed or printed name of registered agent and title if applicable.

Sean L. Sewald, Esq.

4/25/03
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 FL. 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 # P00000002581
NAME HUBSCHMAN, INC.
STREET ADDRESS 50 DOLPHIN CIRCLE
CITY-ST-ZIP ISLE OF CAPRI FL 34113

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE REQUIRED
CONNIE HUBSCHMAN

4/9/03

239-394-7067

Date

Daytime Phone #

CR2E003 (10/02)