

# 2001 UNIFORM BUSINESS REPORT (UBR)

0013431 AF

DOCUMENT # A00000000412

1. Entity Name

LEROY ROHDE, LTD.

Principal Place of Business

4400 ROHDE ROAD  
OKEECHOBEE FL 34972

Mailing Address

4400 ROHDE ROAD  
OKEECHOBEE FL 34972

FILED  
01 FEB 16 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

☒ 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

FOSTER, MATTHEW W ESQ.  
C/O FOLEY & LARDNER  
100 NORTH TAMPA STREET, SUITE 2700  
TAMPA FL 33602-5804

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.

\$10,000.00

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 ROHDE, LEROY  
STREET ADDRESS 4400 ROHDE ROAD  
CITY-ST-ZIP OKEECHOBEE FL 34972

STREET ADDRESS

CITY-ST-ZIP

1000003746551--4  
-02/21/01--01125--012  
\*\*\*\*158.75 \*\*\*\*122.50

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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:

*Nathan LeRoy Rohde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/01  
Date

407-436-1107  
Daytime Phone #

CR2E003 (11/00)