

2002 UNIFORM BUSINESS REPORT (UBR)

10/2
001627 AT

DOCUMENT # A00000000413

1. Entity Name

HENRY ROHDE, LTD.

FILED

02 FEB 14 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3600 LAKE TOHOPEKALIGA
ST. CLOUD FL 34772

Mailing Address

3600 LAKE TOHOPEKALIGA
ST. CLOUD FL 34772



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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 J 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.

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
STREET ADDRESS
CITY-ST-ZIP
ROHDE, HENRY
3600 LAKE TOHOPEKALIGA
ST. CLOUD FL 34772

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
300004991279--4
02/22/02 01062-002
****158.75 ****158.75

DOCUMENT #
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CITY-ST-ZIP

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: HENRY ROHDE LTD 1/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE

292

Form **SS-4**

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

FILED
OMB No. 1545-0003

02 FEB 14 PM 2:49

SECRETARY OF STATE
FLORIDA

1 Name of applicant (legal name) (see instructions) Henry Rohde, Ltd.		3 Executor, trustee, "care of" name
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)
4a Mailing address (street address) (room, apt., or suite no.) 3600 Lake Tohopekaliga Road	5b City, state, and ZIP code	
4b City, state, and ZIP code St. Cloud, FL 34772	6 County and state where principal business is located Osceola County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) Henry Rohde (SSN#: 090-16-6617)		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)	☐ Estate (SSN of decedent)
☒ Partnership	☐ Pan administrator (SSN)
☐ REMIC	☐ Other corporation (specify)
☐ State/local government	☐ Trust
☐ Church or church-controlled organization	☐ Federal government/military
☐ Other nonprofit organization (specify)	(enter GEN if applicable)
☐ Other (specify)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country N/A
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9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) Limited Partnership	☐ Banking purpose (specify purpose)
☐ Hired employees (Check the box and see line 12.)	☐ Changed type of organization (specify new type)
☐ Created a pension plan (specify type)	☐ Purchased going business
	☐ Created a trust (specify type)
	☐ Other (specify)

10 Date business started or acquired (month, day, year) (see instructions) March 6, 2000	11 Closing month of accounting year (see instructions) December 31
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12 First date wages or annuities were paid or will be paid (month, day, year) -- Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) **Investment**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application; if different from line 1 or 2 above.

Legal name	Trade name
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) **Henry Rohde, General Partner**

Business telephone number (include area code): **407-892-7135**
Fax telephone number (include area code): **407-892-6417**

Signature _____ Date _____

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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