

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A010000025**

1. Entity Name

VAN HOVE, LTD.

Principal Place of Business

4501 VINELAND ROAD, SUITE 108  
ORLANDO FL 32811

Mailing Address

4501 VINELAND ROAD, SUITE 108  
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

109

Suite Apt. #, etc.

109

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI FL 33145

Name

William Van Hove

Street Address (P.O. Box Number is Not Acceptable)

4501 Vineland Rd Ste 109

City

Orlando

FL

Zip Code

32811

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.

\$1,000.00

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 # P01000083312  
NAME VAN HOVE FAMILY LP-GP, INC.  
STREET ADDRESS 4501 VINELAND ROAD, SUITE 108  
CITY-ST-ZIP ORLANDO FL 32811

STREET ADDRESS

Suite 109

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

400005501434--0

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0008410 AT

CR2E003 (9/01)