

2000 UNIFORM BUSINESS REPORT (UBR)

0020723 112

DOCUMENT # **A04164**

1. Entity Name
MILLHOPPER OFFICES WEST, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 23 PM 1:29

Principal Place of Business
**3700 A-100 NW 91ST STREET
GAINESVILLE FL 32606**

Mailing Address
**3700 A-100 NW 91ST STREET
GAINESVILLE FL 32606**



[Handwritten signature]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1582893**
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**HAUFLER, EUGENE B
3700 A-100 NW 91ST ST.
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent
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: **\$19,564.50**
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 #	507208	STREET ADDRESS	STREET ADDRESS	
NAME	HAUFLER CONST., CO.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	3700 A-100 NW 91ST ST.			
CITY - ST - ZIP	GAINESVILLE FL			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	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: *[Handwritten signature]* **EUGENE HAUFLER** 5/1/00 376-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #