

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04724

1. Entity Name

POINTE WEST MOBILE HOME PARK, LTD.

FILED

00 JAN 18 AM 11:23

Principal Place of Business

12651 SEMINOLE BLVD.  
LARGO FL 33778

Mailing Address

~~12651 SEMINOLE BLVD.~~  
~~LARGO FL 33778~~

POINTE WEST, LTD  
MANAGEMENT OFFICE  
13225 101ST. ST.  
LARGO, FL 33773

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1640620

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCZAK, DAVID A., P.A.

3233 EAST BAY DRIVE

SUITE 103

LARGO FL 33771

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.

\$266,274.81

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

GOTTLIEB, HOWARD L.  
~~1000 LAKESHORE BLVD.~~  
EVANSTON IL

STREET ADDRESS  
CITY - ST - ZIP

2611 Crown Crest Lane  
La Jolla, CA 92037

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

H.L. Gottlieb

1-12-200

H.L. Gottlieb