

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A07465**

1. Entity Name
STRUBE PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 21 PM 1:29

Principal Place of Business
2814 SILVER STAR ROAD
ORLANDO FL 32808

Mailing Address
2814 SILVER STAR ROAD
ORLANDO FL 32808-3941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1983683		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STRUBE, CHARLES W. 2814 SILVER STAR RD. ORLANDO FL 32808				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$73,620.00**

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 #	G92350000318	STREET ADDRESS	
NAME	CHARLES W. STRUBE, TRUSTEE OF THE CHARLES	CITY - ST - ZIP	
STREET ADDRESS	2814 SILVER STAR RD.		
CITY - ST - ZIP	ORLANDO FL		
DOCUMENT #	G92350000319	STREET ADDRESS	
NAME	DONALD K. STRUBE, TRUSTEE OF THE DONALD K.	CITY - ST - ZIP	
STREET ADDRESS	2814 SILVER STAR RD.		
CITY - ST - ZIP	ORLANDO FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 689, Florida Statutes

SIGNATURE: **DONALD K. STRUBE** **4-27-00 407 3236810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)