

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16757

1. Entity Name

HOSACK INVESTMENTS, LTD.

Principal Place of Business

P.O. BOX 136
2626 PGA BLVD.
PALM BEACH GARDENS FL 33410

Mailing Address

P.O. BOX 136
2626 PGA BLVD.
PALM BEACH GARDENS FL 33410-2904

FILED

00 MAR -6 PM 5: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PALM Bch GARDENS
Suite/Apt. #, etc.

3. Mailing Address

123 LAKE SHORE DR.
Suite, Apt. #, etc.
243

City & State

City & State

NORTH PALM Bch. FLA

Zip

Country

Zip

Country

33408- P. Beach

4. FEI Number

59-2519420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSACK, FRED O.
2626 PGA BLVD.
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name HOSACK FRED O
Street Address (P.O. Box Number is Not Acceptable)
123 LAKE SHORE DR.
243
City N. PALM Bch FL Zip Code 33408

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 Fred O. Hosack

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-00

9. Capital Contributions as Shown on record.

\$400,200.00

10. Amount of Capital Contributions in FLORIDA to date.

400,200.00

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

DOCUMENT # G92357000202
NAME HOSACK, FRED O. AS TRUST
STREET ADDRESS 2626 PGA BLVD.
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 123 LAKE SHORE DR. Apt 243
CITY - ST - ZIP NORTH PALM Bch, FLA 33408

STREET ADDRESS
CITY - ST - ZIP

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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: Fred O. Hosack REQUIRED FRED O. HOSACK 1-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #