

2002 UNIFORM BUSINESS REPORT (UBR)

0006771 AT

CR2E003 (9/01)

DOCUMENT # A17938

1. Entity Name
THE GIBSON VENTURE, AN ILLINOIS LIMITED PARTNERSHIP

FILED
02 JUL -3 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**51 AVENUE C
APALACHICOLA FL 32320**

Mailing Address
**51 AVENUE C
APALACHICOLA FL 32320**

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

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

DUE BY MAY 1, 2002

4. FEI Number **59-2494266**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**KOUN, MICHAEL
51 AVENUE C
GIBSON INN
APALACHICOLA FL 32320**

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.

000006250380--0
-07/08/02--01060--004
****408.75 ****408.75

9. Capital Contributions as Shown on record. **\$298,855.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$298,855.00**

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KOUN, CORNELIUS	18 WEEBURN LANE	DARIAN CT
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MERLO, MICHAEL J.	208 S. LASALLE STE. 950	CHICAGO IL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	KOUN, MICHAEL	67 AVENUE B	APALACHICOLA FL
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
1765 Gulfstar Dr. South	UNIT 503 Naples, FL 34112
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	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: **MICHAEL J. KOUN**
SIGNATURE REQUIRED

Date **6/20/02** Daytime Phone # **(850) 653-2191**