

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21212**

1. Entity Name

DECADE 80-VIII, A LIMITED PARTNERSHIP

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6519 NEWBERRY ROAD
GAINESVILLE FL 32605

Mailing Address

250 PATRICK BLVD RM 140
BROOKFIELD WI 53045-5826
US

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

39-1483854

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33767-2503

KEIERLEBER, JEFFREY
240 BAYSIDE DR.
CLEARWATER BEACH FL 34630

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.

\$1,452,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,452,000

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

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

P08228

DECADE 80, INC.

250 PATRICK BLVD., #140

BROOKFIELD WI

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

KEIERLEBER, JEFFREY

250 PATRICK BLVD., #140

BROOKFIELD WI

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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Decade 80, Inc.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/00

262-792-9200

Date

Daytime Phone #

Michael Sweet, Secretary of Decade 80, Inc.