

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22687**

1. Entity Name

HONTOON LANDING MARINA LIMITED PARTNERSHIP

Principal Place of Business

**2317 RIVER RIDGE ROAD
DELAND FL 32720**

Mailing Address

**2317 RIVER RIDGE ROAD
DELAND FL 32720-4300**

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

59-2683611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOULD, DIANA E
1771 FOELKER ROAD
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

Diana E. Gould

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

1636 Red Mangrove Drive

City

Deland

FL

Zip Code

32724

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.

\$825,000.00

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

DOCUMENT # **P94000092974**
NAME **HONTOON MANAGEMENT CORPORATION**
STREET ADDRESS **%1606 HEYBURN BLDG.**
CITY - ST - ZIP **LOUISVILLE KY 40202**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

400003145024-6
-02/23/00--01088--012
******526.25 ****526.25**

DOCUMENT #
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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: ✓

William A. Motsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

William A. Motsch, 1/19/2000

502/589-5908
Daytime Phone #

**Res. - Hontoon Management Corp,
the General Partner**

CR2E003 (9/99)