

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23155**

1. Entity Name

**HAWTHORNE VILLAS LIMITED**

Principal Place of Business

**818 W BROOKS AVE  
NORTH LAS VEGAS NV 89030**

Mailing Address

**818 W BROOKS AVE  
NORTH LAS VEGAS NV 89030-7828**

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

**59-2848546**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SCHAEFFER, NEIL**

**27121 EDENBRIDGE COURT**

**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name

**Neil Schaeffer**

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

**8452 Gardens Circle #4**

City

**Sarasota**

**FL**

Zip Code  
**34243**

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

*Neil Schaeffer*  
Signature, typed or printed name of registered agent and title if applicable

**Neil Schaeffer**

(NOTE: Registered Agent signature required when reinstating)

**1/20/00**

DATE

9. Capital Contributions  
as Shown on record

**\$207,152.00**

10. Amount of Capital Contributions

in FLORIDA to date. **\$207,152.00**

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 #

**F94000006171**

NAME

**ASB ENTERPRISES, INC.**

STREET ADDRESS

**818 W BROOKS AVE**

CITY - ST - ZIP

**NORTH LAS VEGAS NV 89030**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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**200003118162--9**

**-02/01/00--01058--011**

**\*\*\*\*526.25 \*\*\*\*526.25**

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:

*Patricia M. Green*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**Patricia M. Green**

**1/20/00**

**(702) 313-3700**

Date

Daytime Phone #

FILED

00 JAN 28 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE