

# 2000 UNIFORM BUSINESS REPORT (UBR)

0018859 AB

DOCUMENT # **A23311**

1. Entity Name

**GAINESVILLE OFFICE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

*mf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**% VON HAGKE INTERNATIONAL INC.  
625 WALNUT RIDGE DRIVE SUITE 101  
HARTLAND WI 53029-8803**

Mailing Address  
**% VON HAGKE INTERNATIONAL INC.  
625 WALNUT RIDGE DRIVE SUITE 101  
HARTLAND WI 53029-8893**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1558519**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F & L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32202**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$629,640.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P11288**  
NAME **VHI DEVELOPMENT CORP.**  
STREET ADDRESS **625 WALNUT RIDGE DRIVE**  
CITY - ST - ZIP **HARTLAND WI 53029-8803**

STREET ADDRESS  
CITY - ST - ZIP **300003229129--7  
-04/28/00--01084--004  
\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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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: **Volkmar von Hagke**, April 10, 2000, 262-367-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)