

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23789**

1. Entity Name

DECADE COMPANIES INCOME PROPERTIES - A LIMITED P

FILED

00 JAN 18 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2545 N.E. COACHMAN RD.
CLEARWATER FL 34625
US

Mailing Address

% BROOKFIELD LAKES CORP.CTR
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

39-1518732

Applied For

Not Applicable

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

KEIERLEBER, JEFFREY
240 BAYSIDE DR.
CLEARWATER BEACH FL 34630

Name

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

City

FL

Zip Code
33767-2503

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.

\$18,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date:

\$11,500,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **G92366004463**
NAME **DECADE COMPANIES**
STREET ADDRESS **250 PATRICK BLVD STE 140**
CITY - ST - ZIP **BROOKFIELD WI**

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE: By: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Decade Companies by Jeffrey Keierleber, General Partner

01/10/00

Date

262-792-9200

Daytime Phone #