

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A24051**

1. Entity Name

TRUEBE ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:58



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
2545 SOUTH OCEAN BLVD., APT. 403
PALM BEACH FL 33480

Mailing Address
2545 SOUTH OCEAN BLVD., APT. 403
PALM BEACH FL 33480-5413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2806072**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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. **\$600,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$600,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

TRUEBE, JONATHAN P.
4 TUFTONBORO NECK ROAD
MIRROR LAKE NH

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

TRUEBE, HENRY A.
3113 E TABLE MOUNTAIN RD
TUSCON AZ

STREET ADDRESS
CITY - ST - ZIP

000003221950--3
-04/24/00--01172--016
*******526.25 *****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

G93083900002
OTILIE J. TRUEBE, TRUST
EE OF THE OTILIE J. TRU
EBE 1991 TRUST

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

SIGNATURE:

Jonathan P. Truebe

04/06/00

603/569-1930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)