

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29380**

1. Entity Name

EMCA FOREST INVESTORS, LTD.

Principal Place of Business

P.O. BOX 5277
NICEVILLE FL 32578

Mailing Address

P.O. BOX 5277
NICEVILLE FL 32578-5277

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARTINGER, ELLEN
1061 TROON DR. E.
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name **Raimund Herden**

Street Address (P.O. Box Number is Not Acceptable)
4400 East Highway 20, Suite 304

City **Niceville**

FL Zip Code **32578-78**

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.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,500,000.00

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

DOCUMENT #
NAME **HERDEN, RAIMUND**
STREET ADDRESS **4502 HIGHWAY 20 EAST**
CITY - ST - ZIP **NICEVILLE FL 32578**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **4400 East Highway 20, Suite 304**

CITY - ST - ZIP **Niceville, FL 32578**

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CITY - ST - ZIP

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CITY - ST - ZIP

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:

SIGNATURE: RAIMUND HERDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/8/2002

FILED

00 FEB 10 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2986125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0017797
JN

CR2E003 (9/99)