

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29432**

1. Entity Name

**GEORGIAN BAY EAST ASSOCIATES LIMITED PARTNERSHIP**

Principal Place of Business

**20500 CIVIC CENTER, SUITE 3000  
SOUTHFIELD MI 48076**

Mailing Address

**20500 CIVIC CENTER, SUITE 3000  
SOUTHFIELD MI 48076-4108**

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

**38-2902771**

Applied For

Not Applicable

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

**SCHMIEB, JEFFREY L  
BOCA CORPORATE CENTER  
7777 GLADES ROAD, SUITE 201  
BOCA RATON FL 33433**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Capital Contributions as Shown on record.

**\$3,000,000.00**

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.**

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME

STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DOCUMENT #  
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STREET ADDRESS  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**B93000000139  
GBE ASSOCIATES LIMITED PARTNERSHIP  
20500 CIVIC CENTER DRIVE, SUITE 3000  
SOUTHFIELD MI 48076**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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-06/16/00--01007--001  
\*\*\*\*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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/30/00**  
Date

**248-932-2700 X141**  
Daytime Phone #

CR21003 (9/95)