

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31961**

1. Entity Name

**WUEST INVESTMENT COMPANY, LTD.**

FILED

00 FEB -3 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**115 LAKESHORE DRIVE  
NORTH PALM BEACH FL 33408**

Mailing Address  
**115 LAKESHORE DRIVE  
NORTH PALM BEACH FL 33408-3681**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0302001**

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

**WUEST, GERTRUDE  
115 LAKESHORE DRIVE  
NORTH PALM BEACH FL 33408**

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.

**\$100.00**

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 #  
NAME **WUEST, EMIL AS CO-TRSTEE**  
STREET ADDRESS **115 LAKESHORE DRIVE**  
CITY - ST - ZIP **NORTH PALM BEACH FL**

STREET ADDRESS

CITY - ST - ZIP

**600003127646--6**

**-02/08/00--01098--001**

**\*\*\*\*141.25 \*\*\*\*141.25**

DOCUMENT #  
NAME **WUEST, GERTRUDE AS CO-TR**  
STREET ADDRESS **115 LAKESHORE DRIVE**  
CITY - ST - ZIP **NORTH PALM BEACH FL**

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:

*John DeW...*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**1/31 2000**

Date

**561-775-5761**

Daytime Phone #