

# 2002 UNIFORM BUSINESS REPORT (UBR)

526.25

DOCUMENT # A33159

1. Entity Name

G. S. NORTH, LTD.

FILED

02-APR-23 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3832 STATE STREET  
SANTA BARBARA CA 39105

Mailing Address

3832 STATE STREET  
SANTA BARBARA CA 39105



2. Principal Place of Business

3820 State Street

3. Mailing Address c/o Mary H. Yumibe

3820 State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

Santa Barbara, CA

City & State

Santa Barbara, CA

4. FEI Number

65-0379158

Applied For

Not Applicable

Zip

93105

Country

USA

Zip

93105

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 800005482568--4

05/07/02 01090-030

\*\*\*\*710.00 \*\*\*\*\*88.75

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.

DATE

9. Capital Contributions

\$62,500.00

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

DOCUMENT # P01000049387  
NAME TENET WEST PALM REAL ESTATE, INC.  
STREET ADDRESS 3832 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 39105

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005482568--4

05/07/02 01090-038

\*\*\*\*437.50 \*\*\*\*437.50

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/02

805/563-7075

Date

Daytime Phone #

CR2E003 (9/01)