

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MJH

FILED

03 APR 18 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0014930 AT

DOCUMENT # **A93000000649**



1. Entity Name  
**HAMILTON EQUITIES, LTD.**

Principal Place of Business  
**6700-A DANIELS PARKWAY  
FORT MYERS FL 33912**

Mailing Address  
**6700-A DANIELS PARKWAY  
FORT MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0411388**

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

**BUNDSCHU, CHRIS  
6700-A DANIELS PARKWAY  
FORT MYERS FL 33912**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$236,200.00**

10. Amount of Capital Contributions in FLORIDA to date. **00**

11. MAKE CHECK PAYABLE TO FL. 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 **BUNDSCHU, CHRIS**  
STREET ADDRESS **6700-A DANIELS PARKWAY**  
CITY-ST-ZIP **FORT MYERS FL 33912**

STREET ADDRESS  
CITY-ST-ZIP  
**300016235003  
04/18/03--01018--007 \*\*141.25**

DOCUMENT #  
NAME **BUNDSCHU, GAYLE**  
STREET ADDRESS **6700-A DANIELS PARKWAY**  
CITY-ST-ZIP **FORT MYERS FL 33912**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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: *Gayle Bundschu* **GAYLE BUNDSCHU** 4/10/03 239-693-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE